

Minutes of the Meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held Friday, May 31, 2019 at the hour of 9:00 A.M. at 1950 West Polk Street, in Conference Room 5301, Chicago, Illinois.

**I. Attendance/Call to Order**

Chair Hammock called the meeting to order.

Present: Chair M. Hill Hammock. Vice Chair Mary B. Richardson-Lowry and Directors Mary Driscoll, RN, MPH; Ada Mary Gugenheim; Mike Koetting; Heather M. Prendergast, MD, MS, MPH; Robert G. Reiter, Jr.; Layla P. Suleiman Gonzalez, PhD, JD; and Sidney A. Thomas, MSW (9)

Present

Telephonically: Director David Ernesto Munar (1)

Absent: Director Hon. Dr. Dennis Deer, LCPC, CCFC (1)

Additional attendees and/or presenters were:

Ekerete Akpan – Chief Financial Officer  
James Kiamos – Chief Executive Officer, CountyCare  
Iliana Mora – Chief Operating Officer, Ambulatory Care  
Jeff McCutchan –General Counsel  
Barbara Pryor – Chief Human Resources Officer

Mary Sajdak – Chief Operating Officer, Integrated Care  
Deborah Santana – Secretary to the Board  
John Jay Shannon, MD – Chief Executive Officer  
Ronald Wyatt, MD – Chief Quality Officer

**II. Employee Recognition**

Dr. John Jay Shannon, Chief Executive Officer, recognized employees for outstanding achievements. Details and further information is included in Attachment #6 - Report from the Chief Executive Officer.

**III. Public Speakers**

Chair Hammock asked the Secretary to call upon the registered public speakers.

The Secretary called upon the following registered public speakers:

1. George Blakemore      Concerned Citizen
2. Martese Chism        Representative, National Nurses Organizing Committee
3. Marti Smith           Midwest Director, National Nurses Organizing Committee
4. Robert McKay        Representative, Illinois Grassroots Coalition

**IV. Board and Committee Reports**

**A. Minutes of the Board of Directors Meeting, April 26, 2019**

Vice Chair Richardson-Lowry, seconded by Director Driscoll, moved the approval of the Minutes of the Board of Directors Meeting of April 26, 2019. THE MOTION CARRIED UNANIMOUSLY.

#### **IV. Board and Committee Reports (continued)**

##### **B. Human Resources Committee**

###### **i. Metrics (Attachment #1)**

Vice Chair Richardson-Lowry and Barbara Pryor, Chief Human Resources Officer, provided an overview of the metrics. The Board reviewed and discussed the information.

Director Prendergast requested a breakdown of the clinical positions as referenced in the Hiring Snapshot (slide 8 of the presentation). Ms. Pryor responded that she will provide that information.

Director Koetting inquired whether an analysis has been done of turnover of nurses by length of stay data. Ms. Pryor responded affirmatively; she stated that this information can be provided.

##### **C. Managed Care Committee**

###### **i. Metrics (Attachment #2)**

Director Thomas and James Kiamos, Chief Executive Officer of CountyCare, provided an overview of the metrics. The Board reviewed and discussed the information.

##### **D. Finance Committee Meeting, May 24, 2019**

###### **i. Metrics (Attachment #3)**

###### **ii. Meeting Minutes, which include the following action items and report:**

- Contracts and Procurement Items (detail was provided as an attachment to this Agenda)
- Proposed Transfers of Funds

Board Agenda Item V(A) was considered concurrently with this item.

Director Reiter presented the Meeting Minutes for the Board's consideration. Ekerete Akpan, Chief Financial Officer, reviewed the Metrics and provided a brief overview of the contractual requests considered at the Finance Committee Meeting. It was noted that there are three (3) requests pending review by Contract Compliance (request numbers 4, 9 and 11).

During the discussion of the information on System Payor Mix within the Metrics, Chair Hammock requested that the Board begin receiving reports with data on actual payor mix versus budgeted payor mix, or perhaps include the budget goal when reporting the actual figures. Following further discussion on how and where to reflect that data, Dr. Shannon stated that he and staff will determine what is the best way to show this information; they will do an analysis and bring it to the Managed Care Committee. Director Driscoll requested that a breakdown be provided of the payor mix for specialty care, and Director Thomas requested that information be included on auto-assignments.

Director Reiter, seconded by Vice Chair Richardson-Lowry, moved the approval of the Minutes of the Meeting of the Finance Committee of May 24, 2019. THE MOTION CARRIED UNANIMOUSLY.

**IV. Board and Committee Reports (continued)**

**E. Quality and Patient Safety Committee Meeting, May 24, 2019**

- i. Metrics (Attachment #4)
- ii. Meeting Minutes, which included the following action items and report:
  - Medical Staff Appointments/Reappointments/Changes
  - Proposed Stroger Hospital Department/Division Chair Appointments/Reappointments

Director Gugenheim and Dr. Ronald Wyatt, Chief Quality Officer, provided an overview of the metrics and Meeting Minutes.

During the discussion of the metrics relating to patient experience, Chair Hammock requested that the Quality and Patient Safety Committee receive information in the near future on the most common comments on why patients do not recommend the hospital.

Director Gugenheim, seconded by Director Thomas, moved the approval of the Minutes of the Quality and Patient Safety Committee Meeting of May 24, 2019. THE MOTION CARRIED UNANIMOUSLY.

**V. Action Items**

**A. Contracts and Procurement Items (Attachment #5)**

This item was considered concurrently with Agenda Item IV(D).

The Board discussed the request presented for the Board's consideration.

Director Reiter, seconded by Director Thomas, moved the approval of request number 1 under the Contracts and Procurement Items. THE MOTION CARRIED UNANIMOUSLY.

**B. Any items listed under Sections IV, V and IX**

**VI. Report from Chair of the Board**

Chair Hammock reminded the Directors that they should complete their annual training; the online modules are available in the electronic Learning Management System. Additionally, he commented regarding a Cook County Health Foundation reception that will be held next Tuesday; he and Dr. Shannon will be attending and speaking on behalf of Cook County Health.

**VII. Report from Chief Executive Officer (Attachment #6)**

Dr. Shannon provided an update on several subjects; detail is included in Attachment #6.

## **VIII. Recommendations, Discussion / Information Items**

### **A. Strategic planning discussion:**

- **Financial Forecasting Scenarios** (Attachment #7)

Dr. Shannon provided an overview of the strategic planning discussion presentation on Financial Forecasting Scenarios, which included information on the following subjects:

- Introduction
- Priorities to Improve a Patient-Centered Organization
- Priorities to Preserve and Advance the Mission
- External Considerations
- FY2020-2022 – Strategic Plan Proposals: Financial Impact
- Next Steps

## **IX. Closed Meeting Items**

### **A. Claims and Litigation**

### **B. Discussion of personnel matters**

Director Gugenheim, seconded by Director Driscoll, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” 5 ILCS 120/2(c)(12), regarding “the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member,” and 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals, or for the discussion of matters protected under the federal Patient Safety and Quality Improvement Act of 2005, and the regulations promulgated thereunder, including 42 C.F.R. Part 3 (73 FR 70732), or the federal Health Insurance Portability and Accountability Act of 1996, and the regulations promulgated thereunder, including 45 C.F.R. Parts 160, 162, and 164, by a hospital, or other institution providing medical care, that is operated by the public body.”

## **IX. Closed Meeting Items (continued)**

On the motion to recess the open meeting and convene into a closed meeting, a roll call was taken, the votes of yeas and nays being as follows:

Yeas: Chair Hammock, Vice Chair Richardson-Lowry and Directors Driscoll, Gugenheim, Koetting, Munar, Reiter, Suleiman Gonzalez and Thomas (9)

Nays: None (0)

Absent: Directors Deer and Prendergast (2)

THE MOTION CARRIED UNANIMOUSLY and the Board convened into a closed meeting.

Chair Hammock declared that the closed meeting was adjourned. The Board reconvened into the open meeting.

#### **X. Adjourn**

As the agenda was exhausted, Chair Hammock declared that the meeting was ADJOURNED.

Respectfully submitted,  
Board of Directors of the  
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
M. Hill Hammock, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Deborah Santana, Secretary

#### **Requests/Follow-up:**

- Request: Request made for breakdown of the clinical positions as referenced in the Hiring Snapshot (slide 8 of the Human Resources Committee Metrics). Page 2
- Follow-up: Request made for information relating to an analysis of turnover of nurses by length of stay data. Page 2
- Follow-up: Request made for future reports with data on actual payor mix versus budgeted payor mix, or perhaps include the budget goal when reporting the actual figures.

- Request: Request made for a breakdown of the payor mix for specialty care. Page 2
- Request: Request made for information/update on auto-assignments to be presented in a future meeting. Page 2.
- Request: Request made for information to be provided to the Quality and Patient Safety Committee, regarding patient experience – provide listing of most common comments from patients on why they do not recommend the hospital. Page 3

Cook County Health and Hospitals System  
Board of Directors Meeting  
May 31, 2019

ATTACHMENT #1

# Human Resources Metrics

## CCH Board of Directors

**Barbara Pryor**  
**Chief Human Resources Officer**

**May 31, 2019**



# Metrics



# Important Performance Data

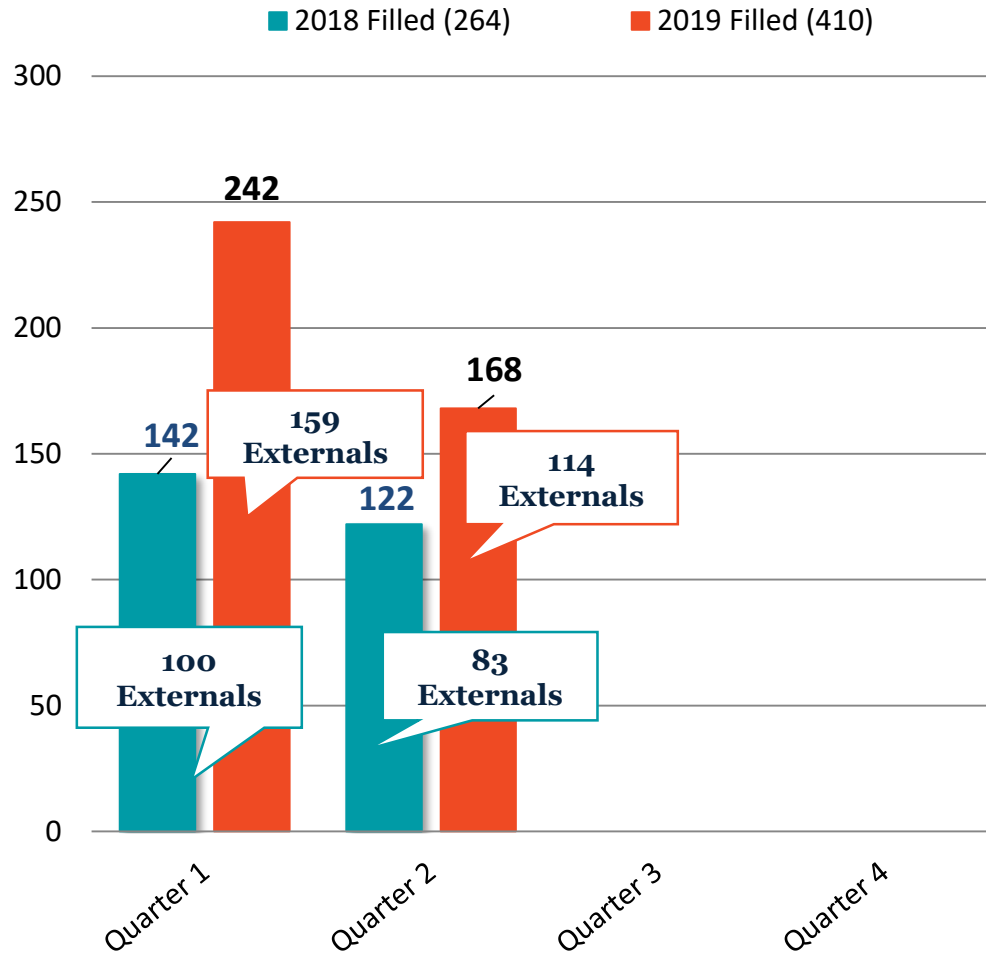
FY19 Vacancy	Count
Fiscal Year 2019 Approved Positions:	7,265
Current Vacancy Number:	1,156
# of Positions in Process:	776



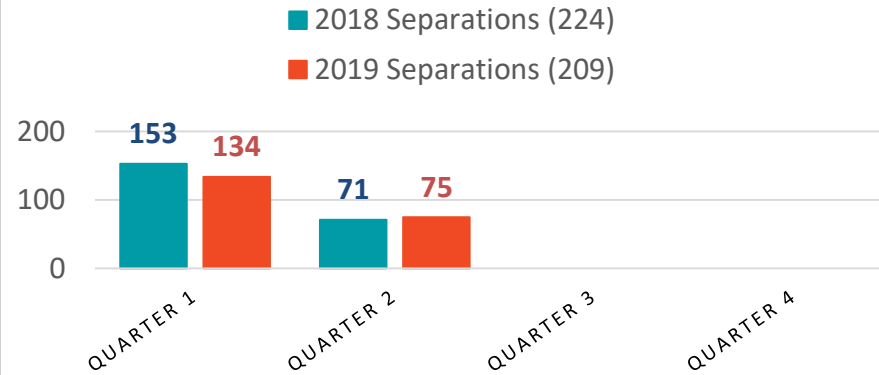
# CCH HR Activity Report

Thru 04/30/2019

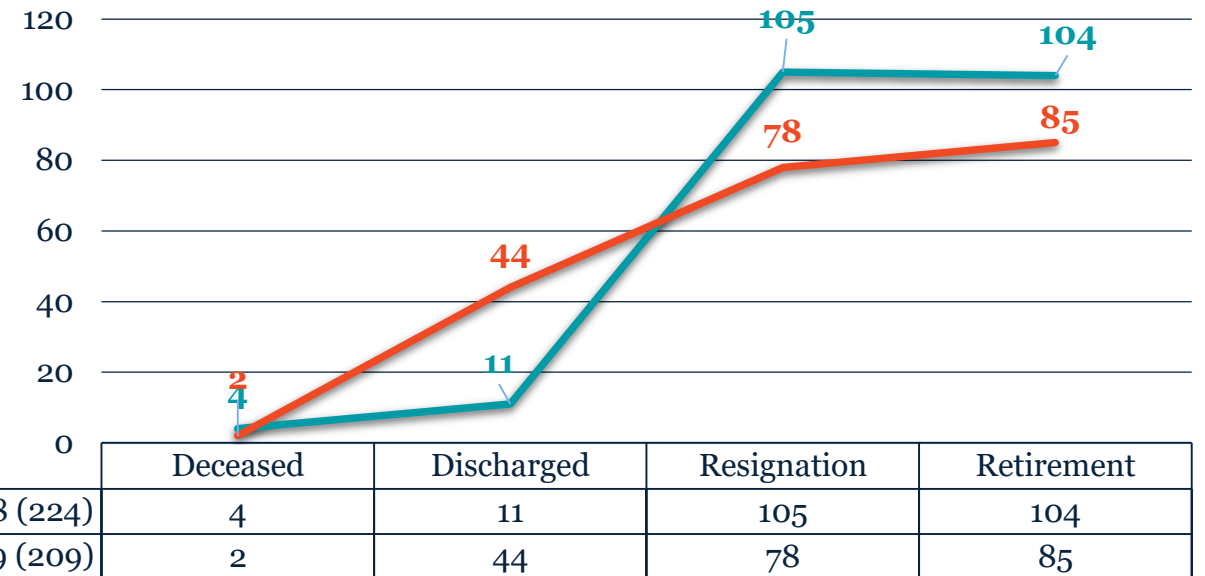
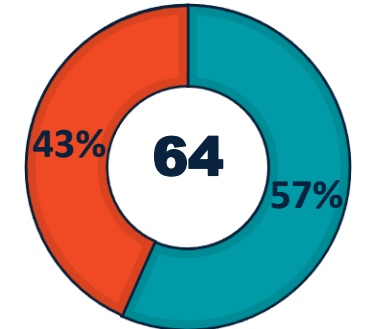
## FILLED POSITIONS



## SEPARATIONS



## NET NEW

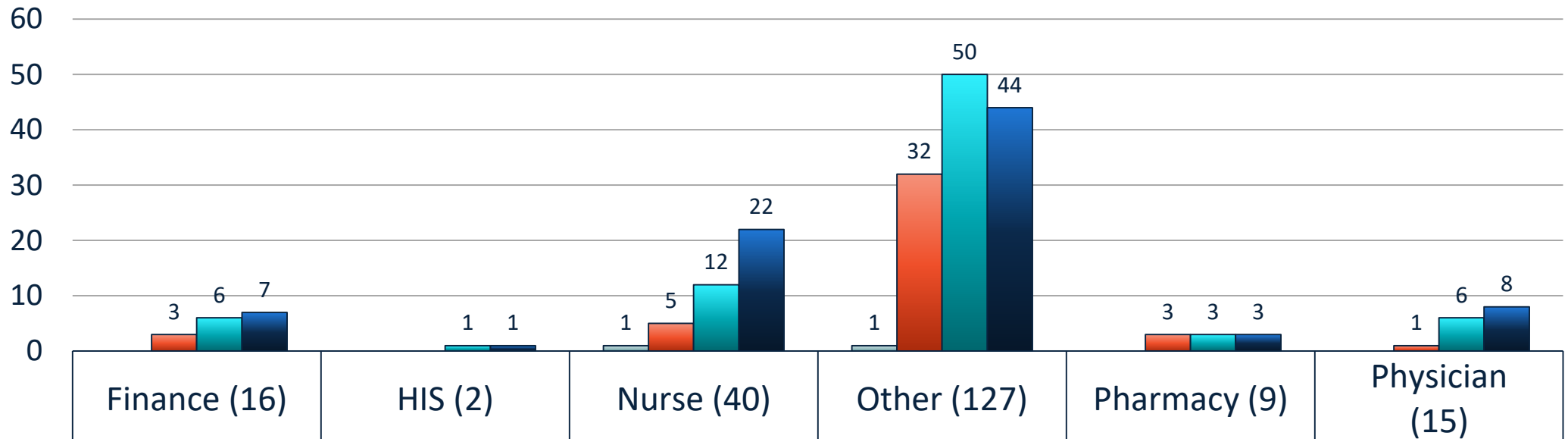


**COOK COUNTY**  
**HEALTH**

# CCH HR Activity Report

Thru 04/30/2019

## SEPARATIONS BY CLASSIFICATION - 209

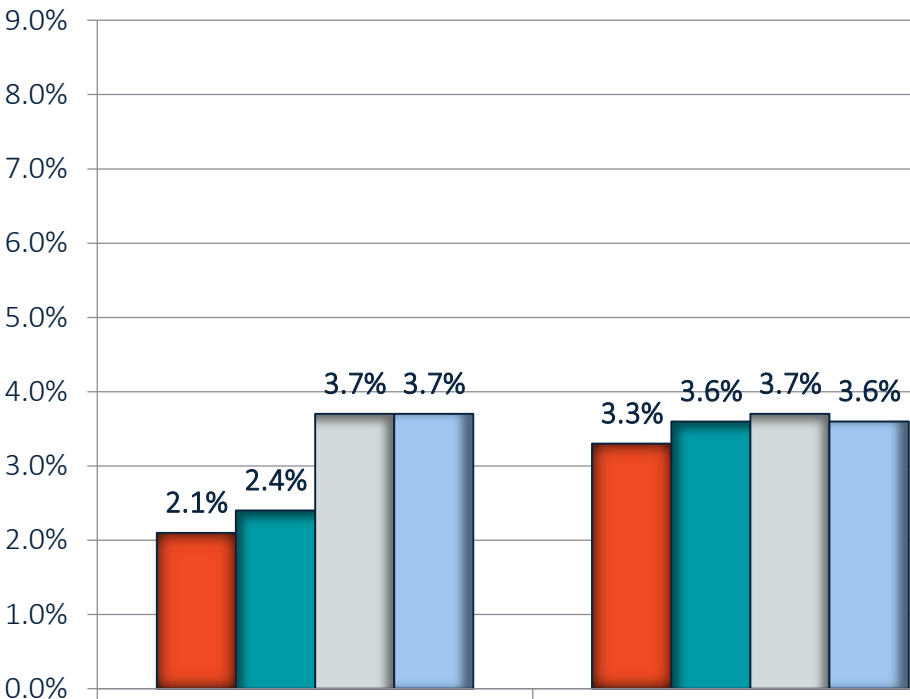


	Finance (16)	HIS (2)	Nurse (40)	Other (127)	Pharmacy (9)	Physician (15)
Deceased (2)			1	1		
Discharged (44)	3		5	32	3	1
Resignation (78)	6	1	12	50	3	6
Retirement (85)	7	1	22	44	3	8



# CCH HR Activity Report – Turnover

CCH TURNOVER  
 Turnover Year-to-Date  
 Head Count: 6,390



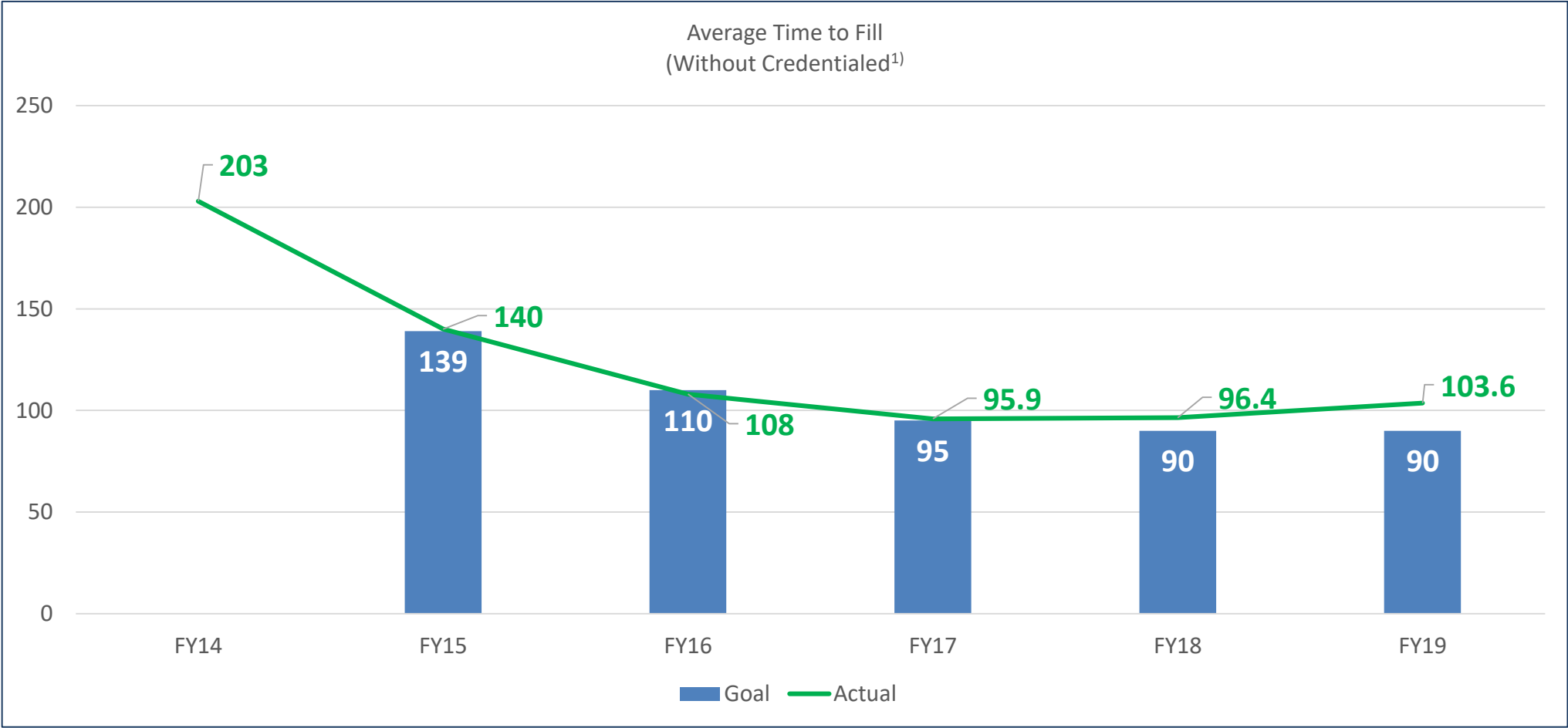
YTD Cumulative Totals:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
FY19 CCH Turnover	2.1%	3.3%		
FY18 CCH Turnover	2.4%	3.6%		
FY17 U.S. IL Health & Hospital Assoc. Turnover Data	3.7%	3.7%		
FY18 U.S. Dept. of Labor Turnover Data	3.7%	3.6%		



# CCH HR Activity Report – Open Vacancies

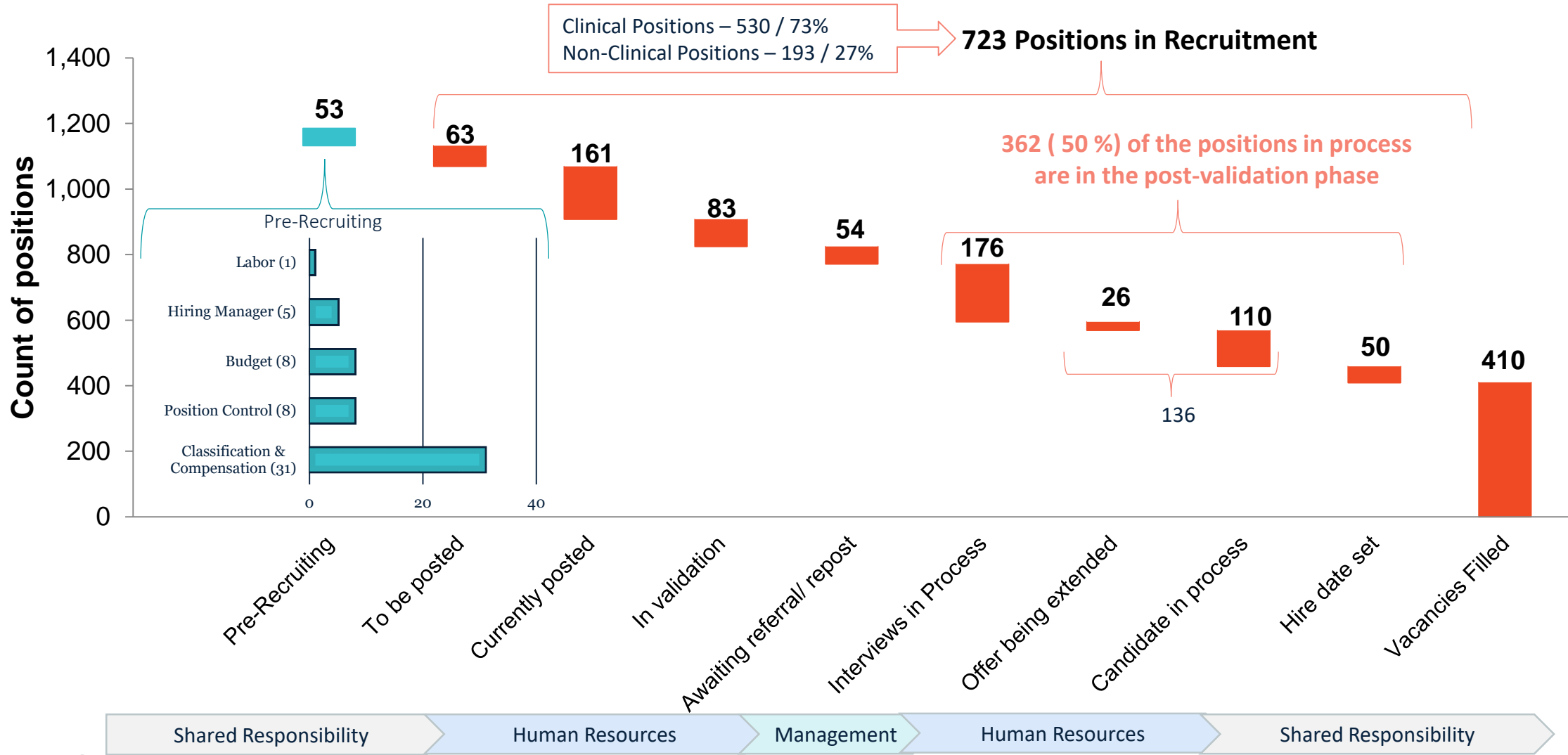
Improve/Reduce Average Time to Hire\*



<sup>1</sup>Credentialed Positions: Physicians, Psychologist, Physician Assistant I and Advanced Practice Nurses.

# CCH HR Activity Report – Hiring Snapshot

Thru 04/30/2019



**COOK COUNTY  
HEALTH**

Pre-Recruiting 53 + Recruitment 723 = 776 Positions in Process

15 of 77

# Thank you.



# Closed Session



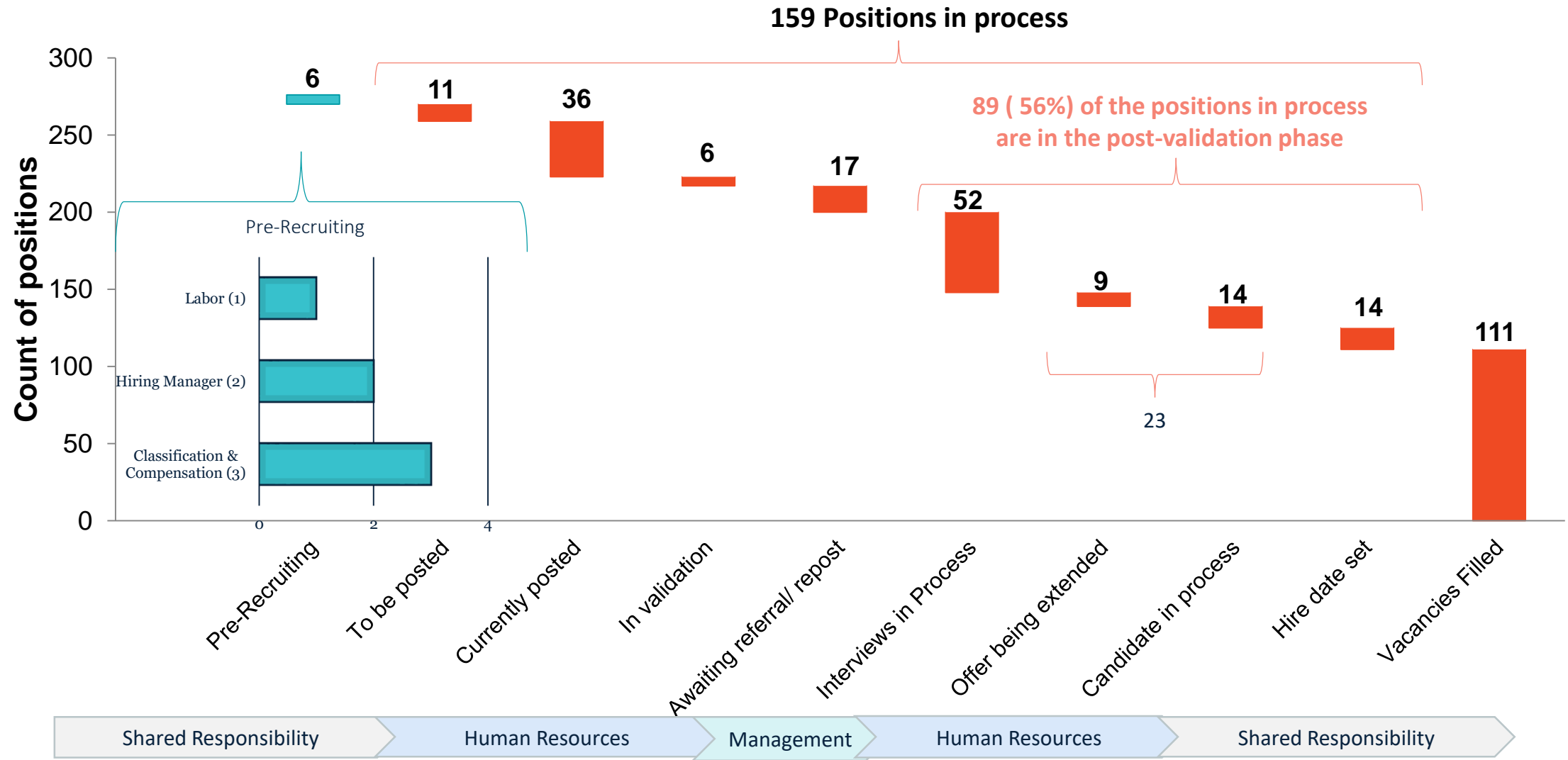
# Appendix



COOK COUNTY  
**HEALTH**

# CCH HR Activity Report – Nursing Hiring Snapshot

Thru 04/30/2019



COOK COUNTY  
HEALTH

Pre-Recruiting 6 + Recruitment 159 = 165 Positions in Process

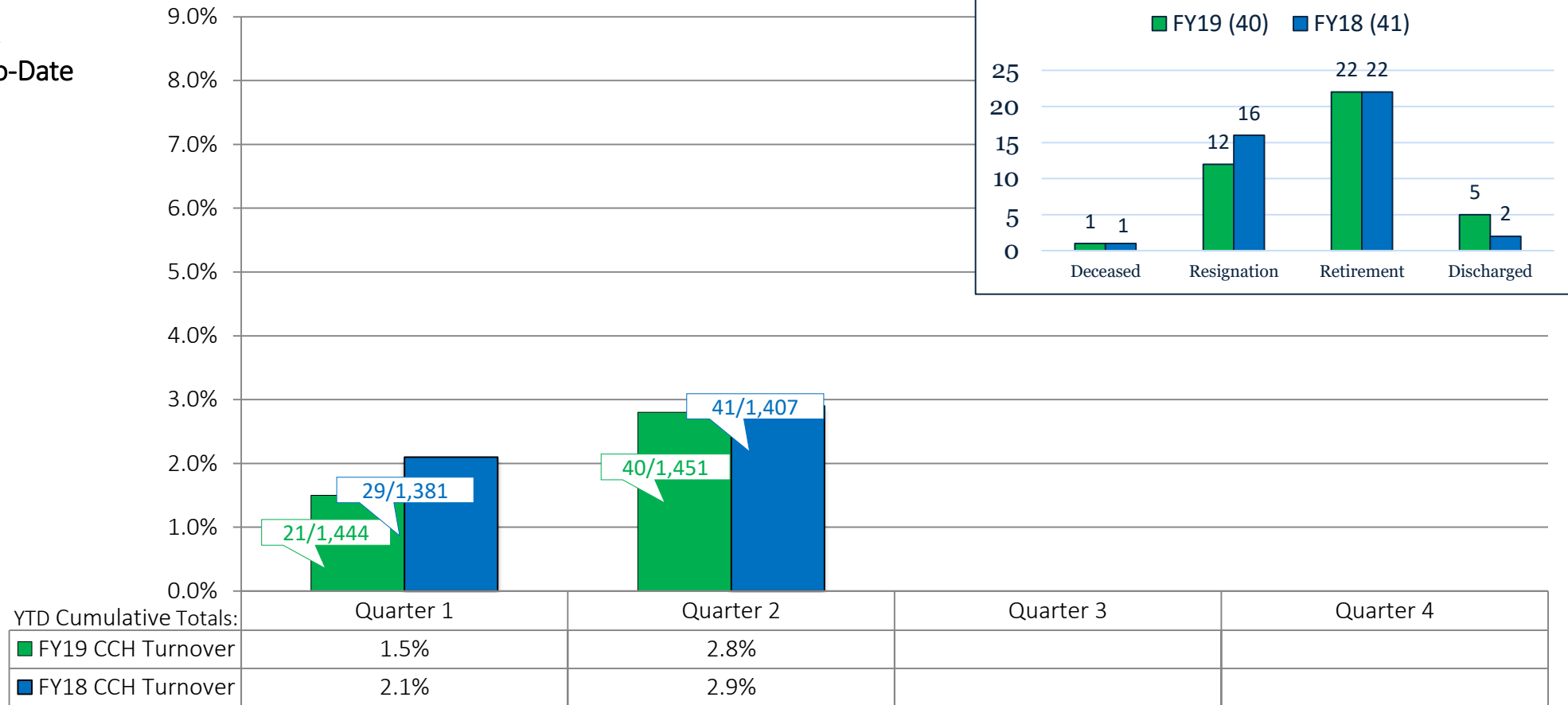
19 of 77

# Nursing Activity Report – Turnover

## CCH TURNOVER

Turnover Year-to-Date

Head Count: 1,451



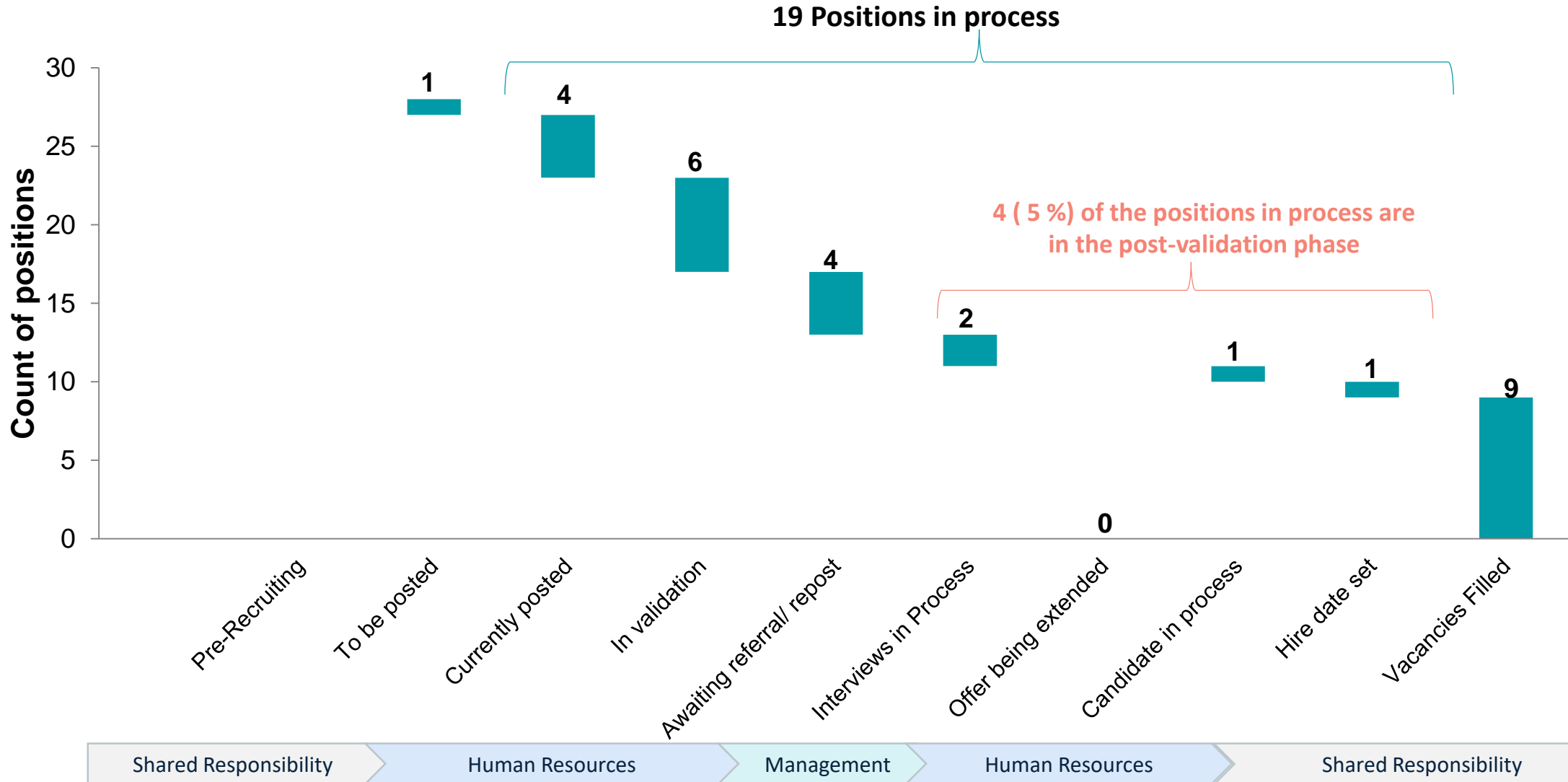
Include Registry

FY19 data is through 04/30/2019



# CCH HR Activity Report – Revenue Cycle Hiring Snapshot

Thru 4/30/ 2019



COOK COUNTY  
HEALTH

Pre-Recruiting 1 + Recruitment 18 = 19 Positions in Process

21 of 77

Cook County Health and Hospitals System  
Board of Directors Meeting  
May 31, 2019

ATTACHMENT #2

# CountyCare Update

*Prepared for: CCH Board of Directors*

James Kiamos

CEO, CountyCare

May 31, 2019



# Current Membership

Monthly membership as of May 5, 2019

Category	Total Members	ACHN Members	% ACHN
FHP	210,886	19,174	9.1%
ACA	70,775	13,458	19.0%
ICP	29,513	6,119	20.7%
MLTSS	5,657	0	N/A
<b>Total</b>	<b>316,831</b>	<b>38,751</b>	<b>12.2%</b>

**ACA:** Affordable Care Act

**FHP:** Family Health Plan

**ICP:** Integrated Care Program

**MLTSS:** Managed Long-Term Service and Support (Dual Eligible)



# Managed Medicaid Market

Illinois Department of Healthcare and Family Services March 2019 Data

Managed Care Organization	Cook County Enrollment	Cook County Market Share
*CountyCare	315,970	31.6%
Blue Cross Blue Shield	233,707	23.4%
Meridian (a WellCare Co.)	231,981	23.2%
IlliniCare (a Centene Co.)	107,702	10.8%
Molina	66,002	6.6%
*Next Level	43,871	4.4%
<b>Total</b>	<b>999,233</b>	<b>100.0%</b>

\* Only Operating in Cook County

Meridian and WellCare (dba Harmony) merged as of 1/1/2019. Pending Merger with Centene (dba IlliniCare)

25 of 77



# 2019 Operations Metrics: Call Center & Encounter Rate

		Performance		
Key Metrics	State Goal	Jan	Feb	Mar
<b>Member &amp; Provider Services Call Center Metrics</b>				
Abandonment Rate	< 5%	1.05%	0.81%	1.62%
Hold Time (minutes)	1:00	0:15	0:12	0:32
% Calls Answered < 30 seconds	> 80%	90.50%	91.68%	83.90%
<b>Quarterly</b>				
Claims/Encounters Acceptance Rate	95%	97.08%		

# 2019 Operations Metrics: Claims Payment

		Performance		
Key Metrics	State Goal	Jan	Feb	Mar
<b>Claims Payment Turnaround Time &amp; Volumes</b>				
% of Clean Claims Adjudicated < 30 days	90%	96.7%	96.3%	98.2%
% of Claims Paid < 30 days	90%	44.7%	62.6%	48.3%
Total Claims Adjudicated	N/A	397,167	440,147	365,333

# 2019 Operations Metrics:

## Overall Care Management Performance

		Performance		
Key Metrics	Market %	Jan	Feb	Mar
<b>Completed HRS/HRA (all populations)</b>				
Overall Performance	40%	57.4%	58.1%	61.1%
<b>Completed Care Plans on High Risk Members</b>				
Overall Performance	65%	60.6%	63.9%	60.6%

CountyCare's high risk percentage exceeds the State's requirement of 2% for Family Health Plan and 5% for Integrated Care Program



ATTACHMENT #3

# CCH Full Board Meeting May 2019



**Ekerete Akpan, Chief Financial Officer**

**May 31, 2019**





# Systems-wide Financials, Observations, and Revenue Cycle Metrics



COOK COUNTY  
**HEALTH**

# Income Statement for the Four Months ending March 2019 (in thousands)

CCH Systemwide	Year-To-Date		Variance	
	Actual	Budget	\$	%
<b><u>Operating Revenue</u></b>				
Net Patient Service Revenue	199,420	247,732	(48,313)	-20%
County Care Access Payments	139,708	-	139,708	n/a
CountyCare Capitation Revenue	443,394	607,250	(163,856)	-27%
Cook County Access Payments	13,268	13,268	-	0%
Other Revenue	1,266	4,333	(3,067)	-71%
<b>Total Operating Rev</b>	<b>797,055</b>	<b>872,583</b>	<b>(75,528)</b>	<b>-9%</b>
<b><u>Operating Expenses</u></b>				
Salaries & Benefits	215,804	237,613	21,809	9%
Overtime	15,901	11,934	(3,967)	-33%
Contracted Labor	14,851	11,373	(3,478)	-31%
Pension*	36,643	109,121	72,478	66%
Supplies & Materials	11,927	20,717	8,791	42%
Pharmaceutical Supplies	27,061	26,943	(118)	0%
Purch. Svs., Rental, Oth.	71,957	102,941	30,984	30%
External Claims Expense	350,321	472,190	121,869	26%
County Care Access Expense	139,708	-	(139,708)	n/a
Insurance Expense	8,894	9,812	918	9%
Depreciation	10,795	10,795	-	0%
Utilities	6,962	3,295	(3,667)	-111%
<b>Total Operating Exp</b>	<b>910,823</b>	<b>1,016,734</b>	<b>105,911</b>	<b>10%</b>
<b>Operating Margin</b>	<b>(113,768)</b>	<b>(144,151)</b>	<b>30,383</b>	<b>21%</b>
<b>Operating Margin %</b>	<b>-14%</b>	<b>-17%</b>	<b>2%</b>	<b>14%</b>
<b>Non Operating Revenue</b>	<b>66,039</b>	<b>86,482</b>	<b>(20,442)</b>	<b>-24%</b>
<b>Net Income/(Loss)</b>	<b>(47,729)</b>	<b>(57,669)</b>	<b>9,940</b>	<b>17%</b>



# Observations

- Primary Care visits are up by 4% versus FY18, and down 1% versus FY19 target
- Specialty Care visits are flat versus FY18, and down 4% versus FY19 target
- Surgical Cases are down by 3% versus FY18, and down 9% versus FY19 target
- Inpatient Discharges are down 11% versus FY18
- LOS is up 2% versus FY18, and up 2% versus FY19 target
- Emergency Department visits are down 2% versus FY18
- Deliveries are down by 3% versus FY18, and down 12% versus FY19 target
- Case Mix Index is on average 5% higher than FY2018
- System-wide uninsured numbers, captured by visit, held 45% (Provident 36%, ACHN 45%, Stroger 48%)

# Financial Metrics

Metric	As of end Mar- 18/YTD	As of end Mar- 19/YTD	Target
Days Cash On Hand**	-1	17	60
Operating Margin***	-4.8%	-9.3%	-5.4%
Overtime as Percentage of Gross Salary	7.8%	7.9%	5.0%*
Average Age of Plant (Years)	23.3	23.2	10.7

\*Days Cash on Hand - CCH target 60 days, Moody's 198 days . Overtime as percentage of Gross Salary – CCH target 5% , Moody's 2%

\*\* Days Cash in Hand – Point in time i.e. as of end October for each year

\*\*\*Excludes Pension Expense-Target based on compare group consisting of 'like' health systems : Alameda Health System, Nebraska Medical Center, Parkland Health & Hospital System, and UI Health



# Revenue Cycle Metrics

Metric	Average FYTD 2019	Feb-19	Mar-19	Apr-19	Benchmark/Target
Average Days in Accounts Receivable <i>(lower is better)</i>	98	105	96	92	45.85 – 54.9*
Discharged Not Finally Billed Days <i>(lower is better)</i>	10	11	10.6	10	7.0
Claims Initial Denials Percentage <i>(lower is better)</i>	22%	20%	23%	21%	20%

**Definitions:**

**Average Days in Accounts Receivable:** Total accounts receivable over average daily revenue

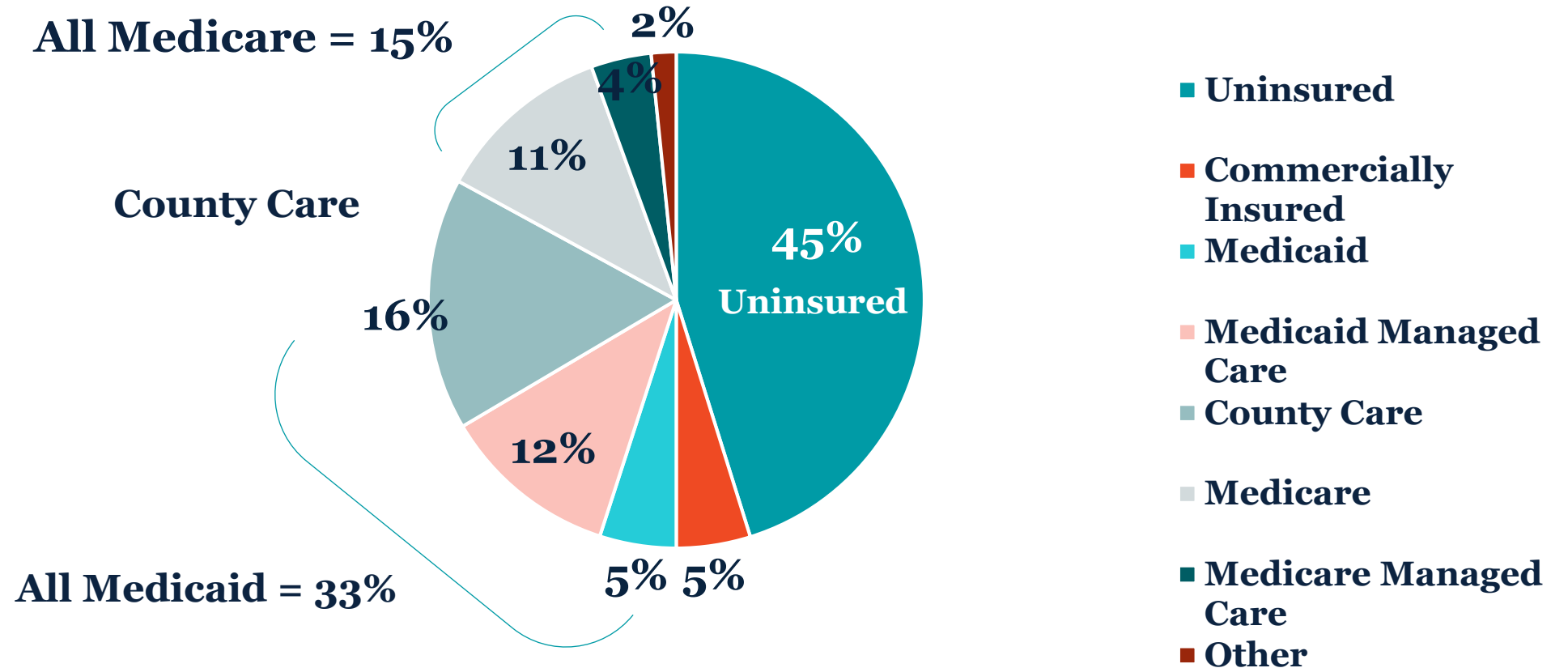
**Discharged Not Finally Billed Days:** Total charges of discharge not finally billed over average daily revenue

**Claims Initial Denials Percentage:** Percentage of claims denied initially compared to total claims submitted.

\* Source HFMA Key Hospital Statistics and Ratio Margins – Posted 2014



# System Payor Mix By Visit



# Questions?



COOK COUNTY  
**HEALTH**

ATTACHMENT #4

# QPS Quality Dashboard



May 31, 2019





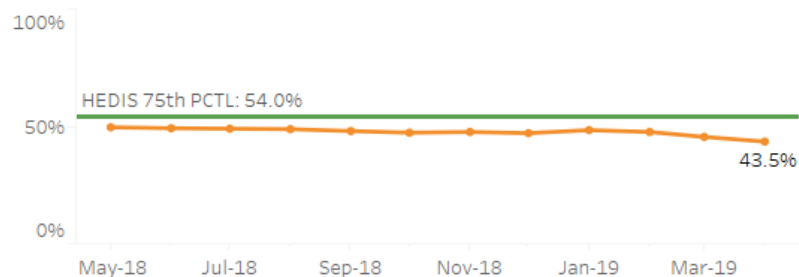
# COOK COUNTY HEALTH

## Quality Dashboard

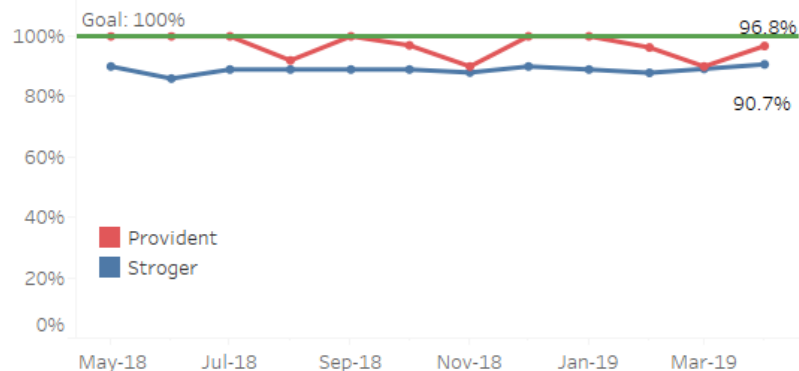
May 24, 2019

### Health Outcomes

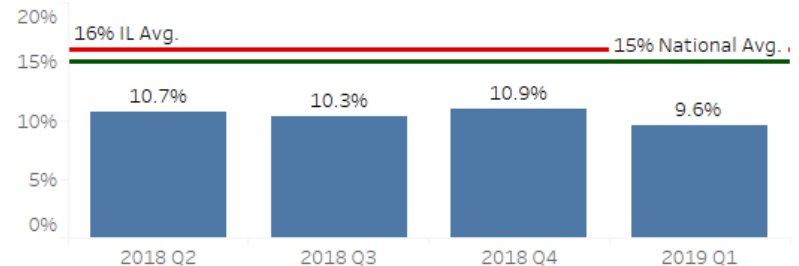
#### HEDIS - Diabetes Management: HbA1c < 8%



#### Core Measure - Venous Thromboembolism (VTE) Prevention

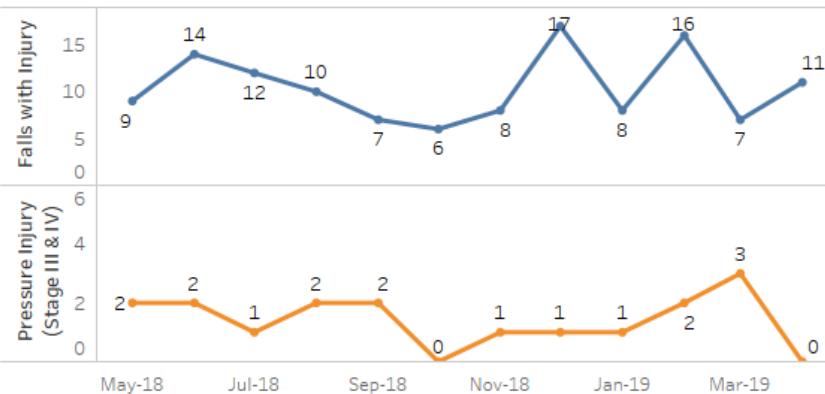


#### 30 Day Readmission Rate

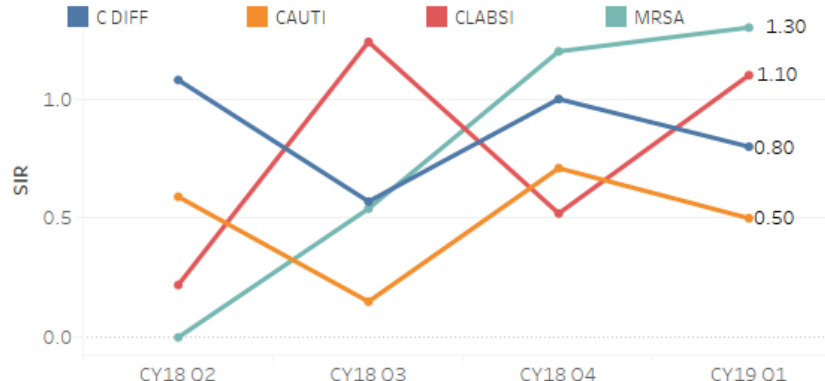


### Patient Safety

#### Hospital Acquired Conditions



#### Hospital Acquired Infections

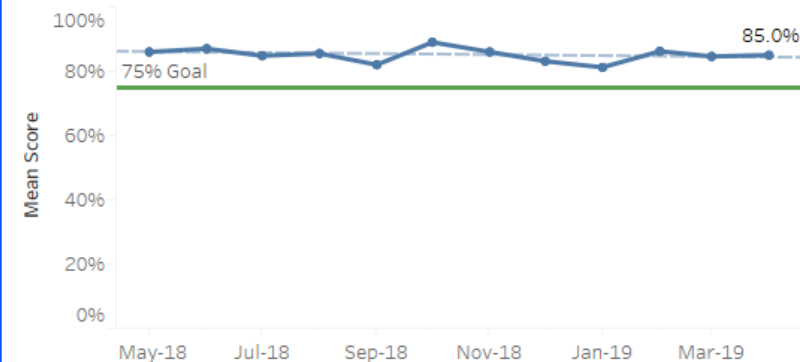


SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

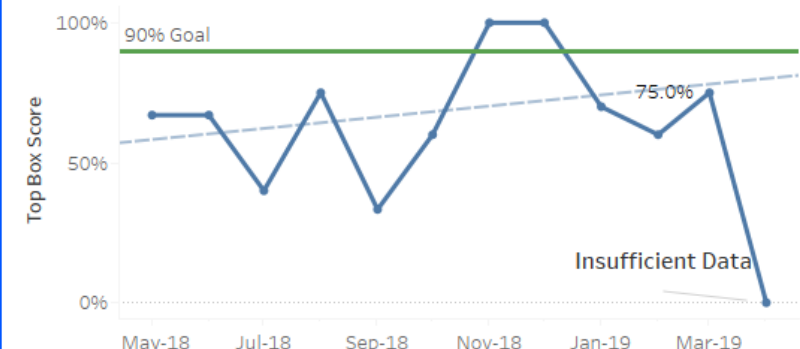
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
C DIFF	6	11	4	5	4	2	10	4	4	6	2	6
CAUTI	1	2	1	0	1	0	0	1	3	1	1	1
CLABSI	0	1	0	2	3	0	0	0	2	1	0	4
MRSA	0	0	0	0	0	0	0	1	0	1	0	1

### Utilization

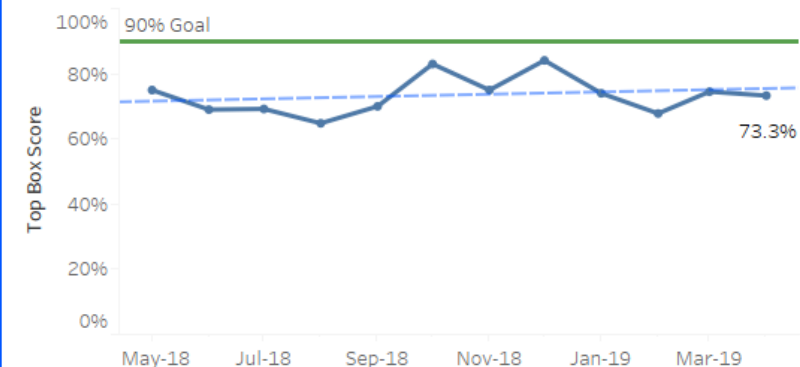
#### ACHN--Overall Clinic Assessment



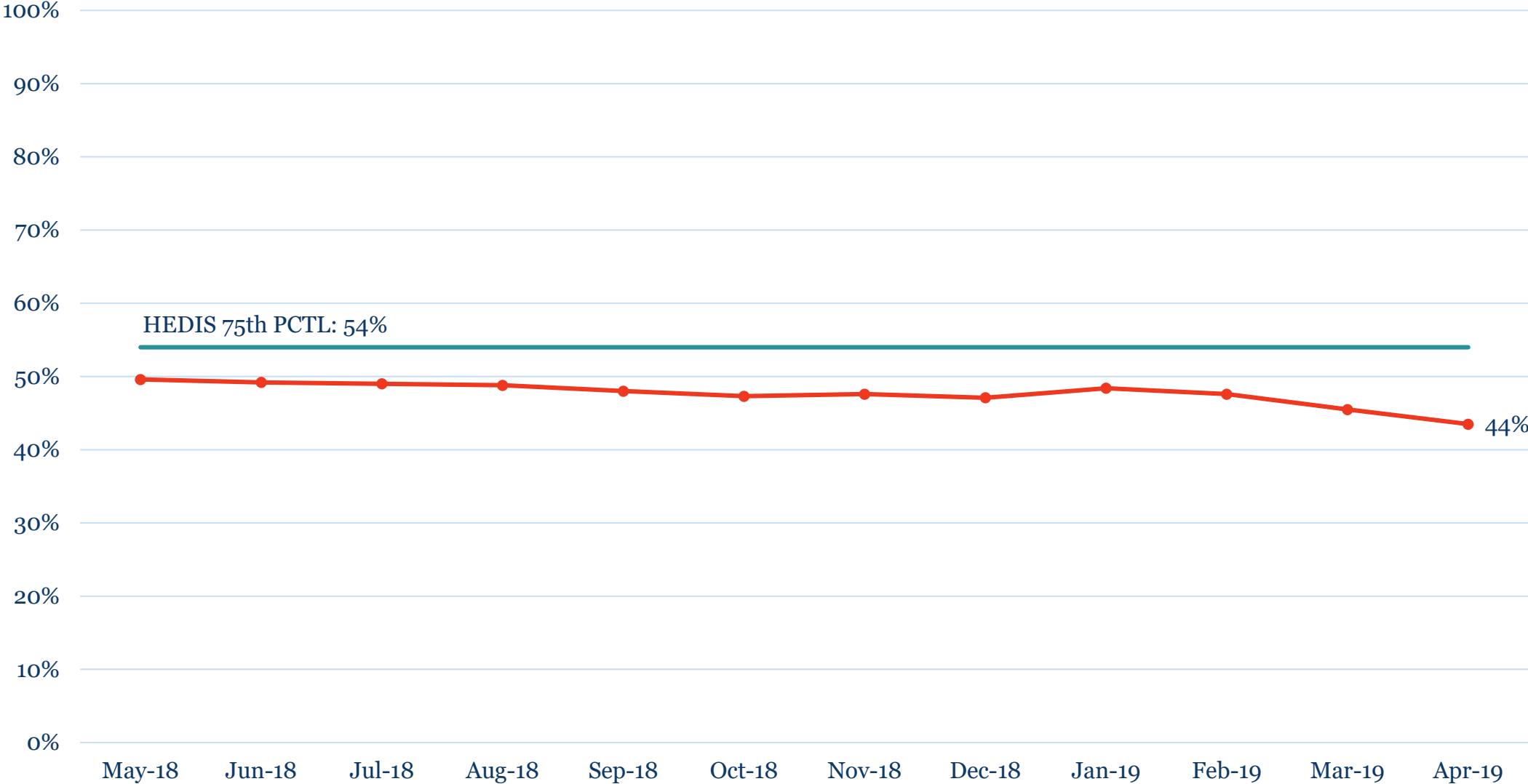
#### Provident--Willingness to Recommend Hospital



#### Stroger--Willingness to Recommend Hospital

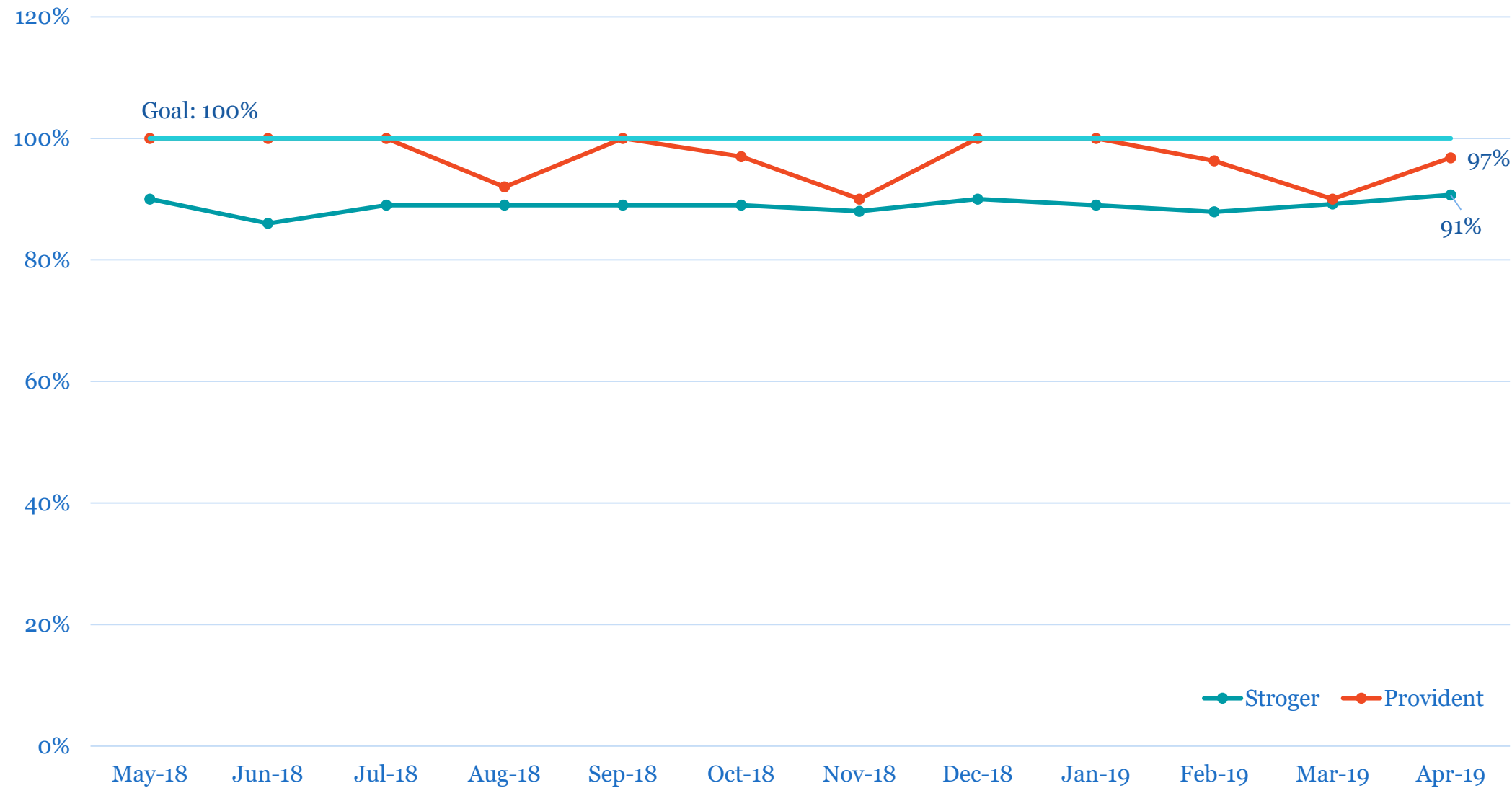


HEDIS – Diabetes Management: HbA1c < 8%



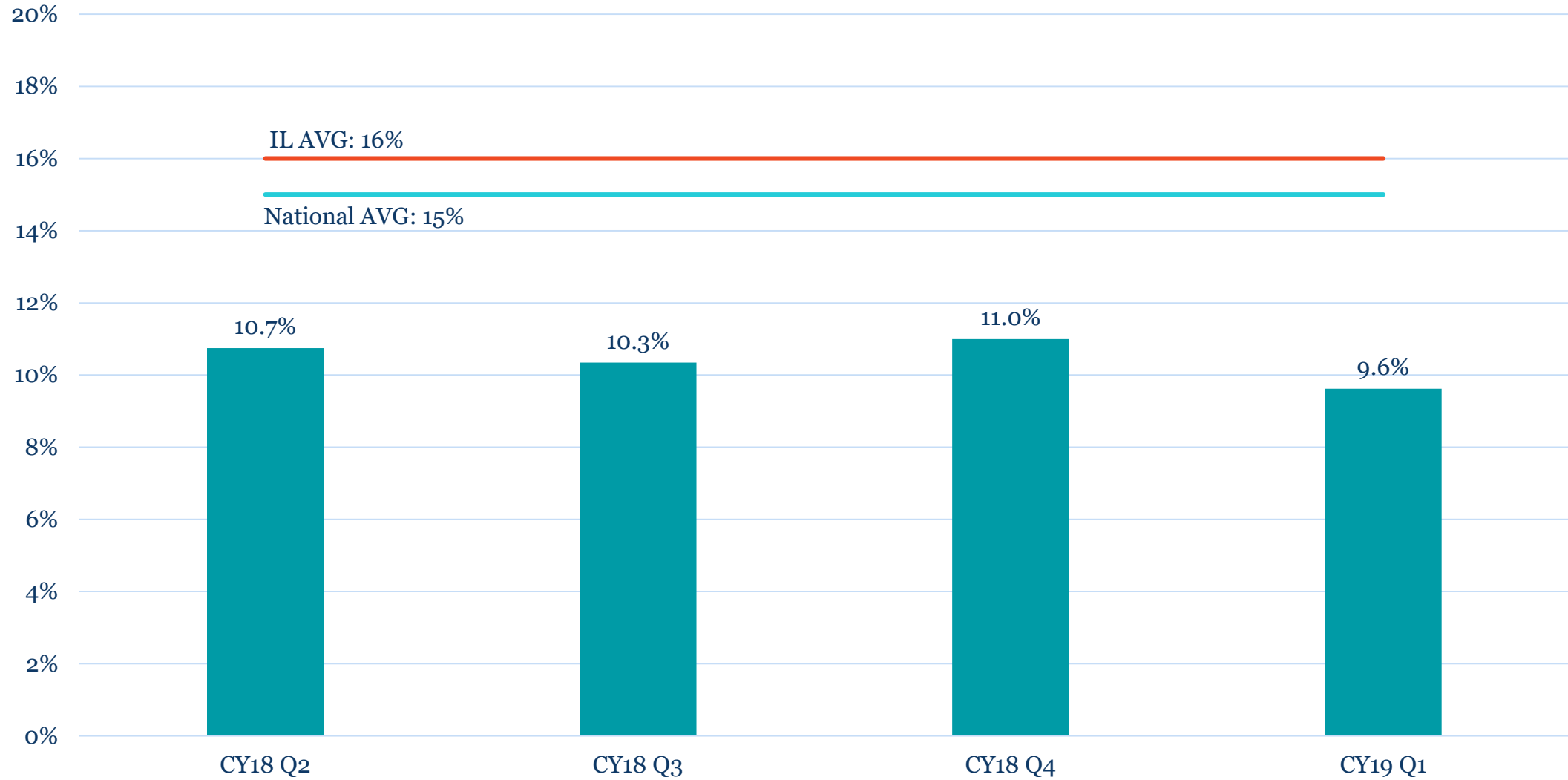
Source: Business Intelligence

# Core Measure – Venous Thromboembolism (VTE) Prevention



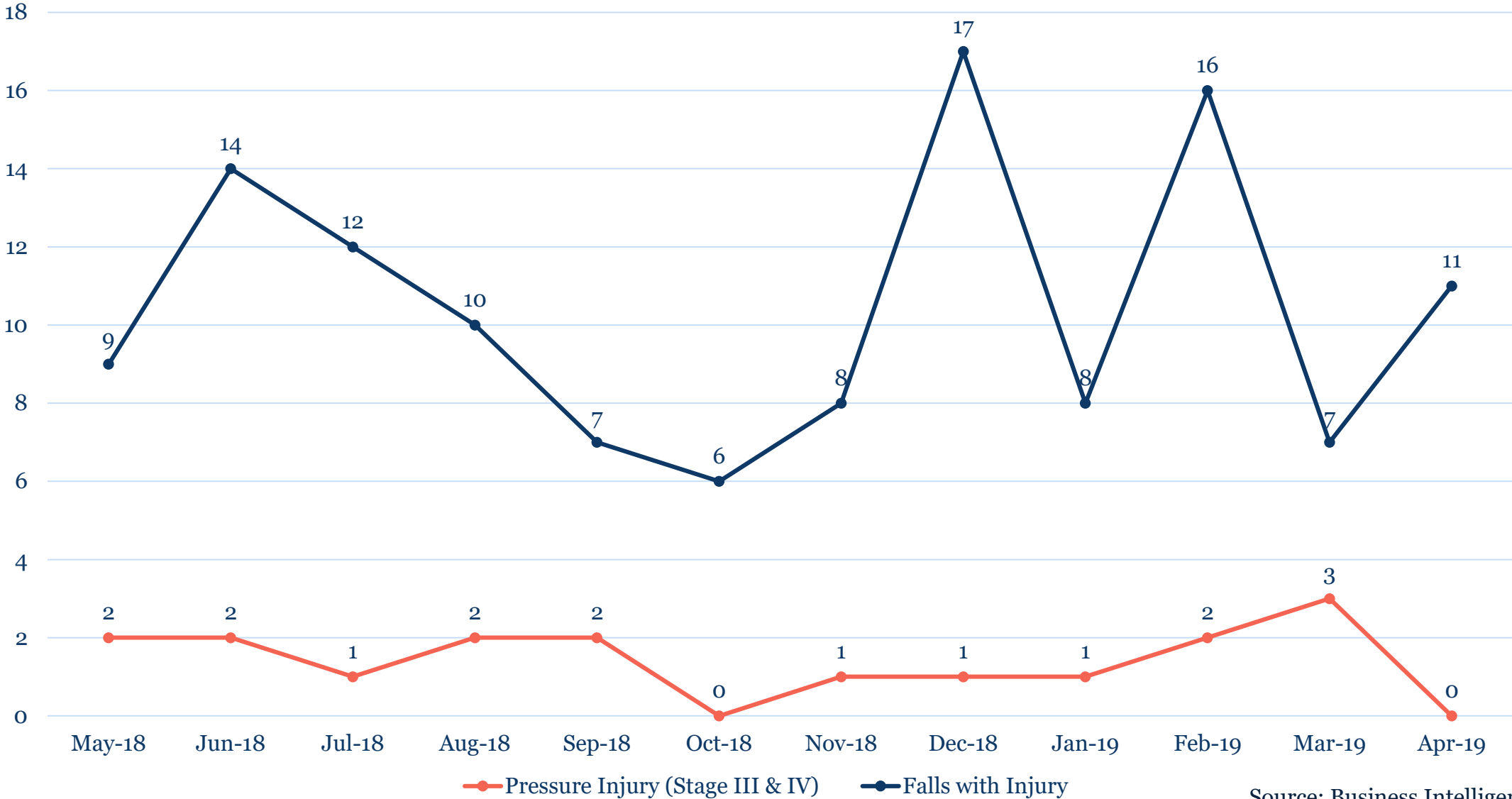
Source: Quality Dept.

## 30 Day Readmission Rate



Source: Business Intelligence

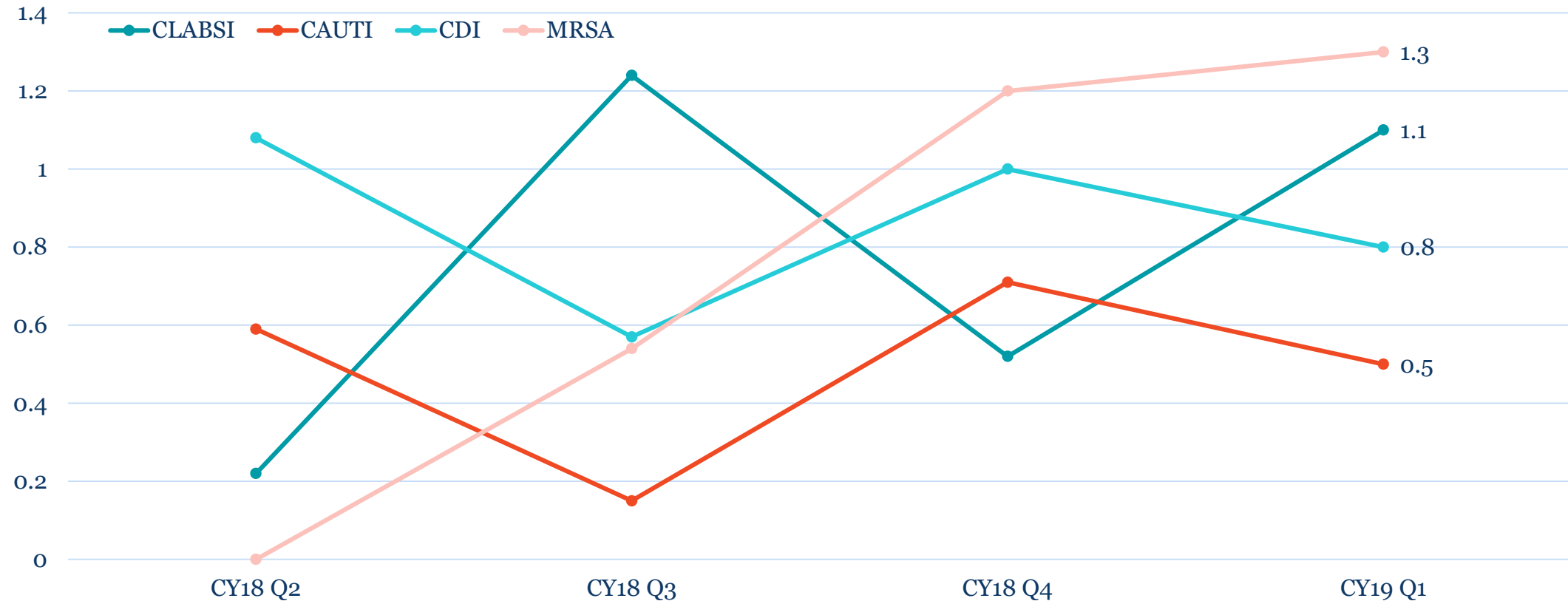
# Hospital Acquired Conditions



Source: Business Intelligence



## Hospital Acquired Infections



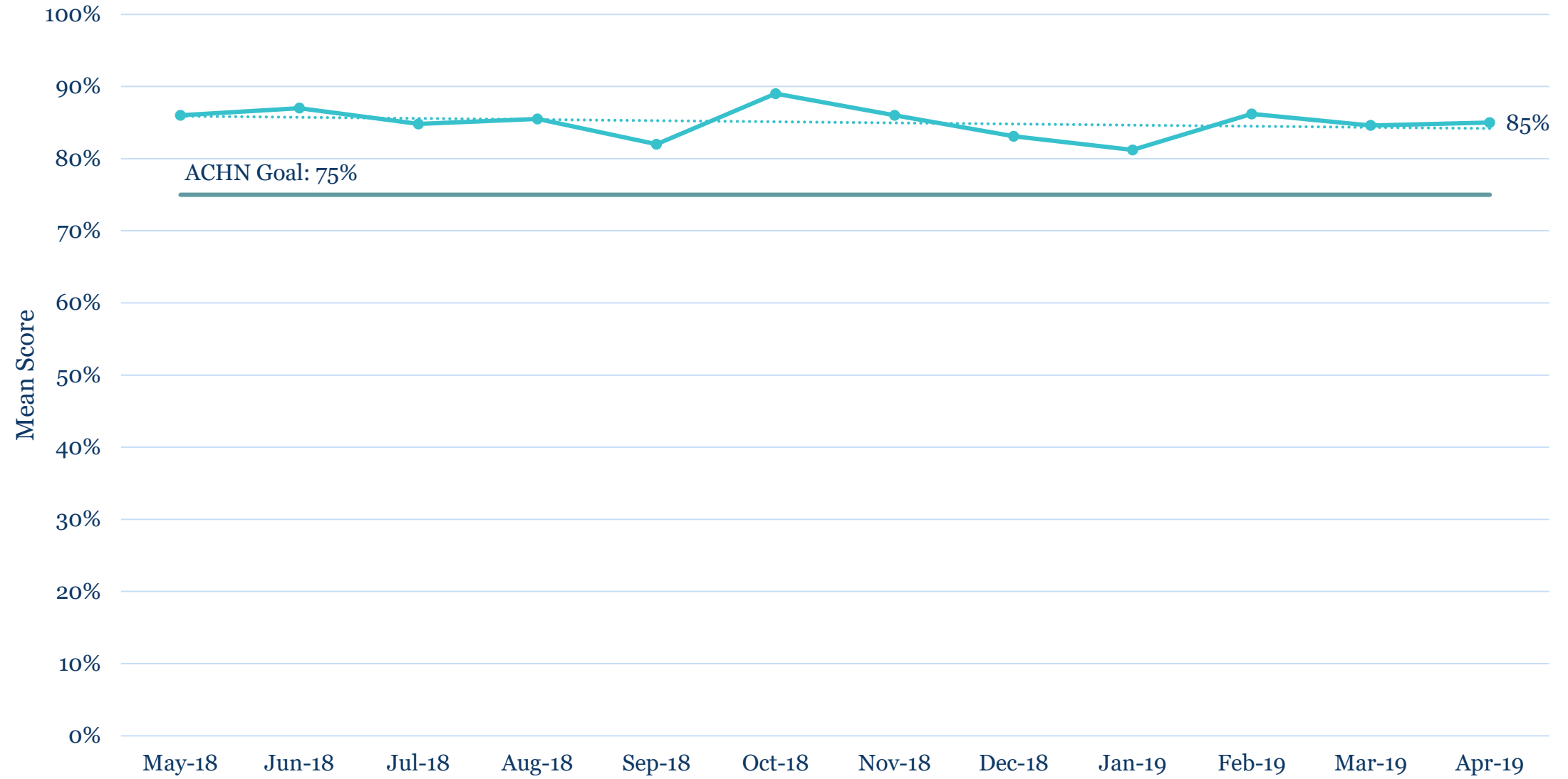
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
CLABSI	0	1	0	2	3	0	0	0	2	1	0	4
CAUTI	1	2	1	0	1	0	0	1	3	1	1	1
CDI	6	11	4	5	4	2	10	4	4	6	2	6
MRSA	0	0	0	0	1	0	0	1	0	1	0	1

SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

Source: Infection Control Dept.

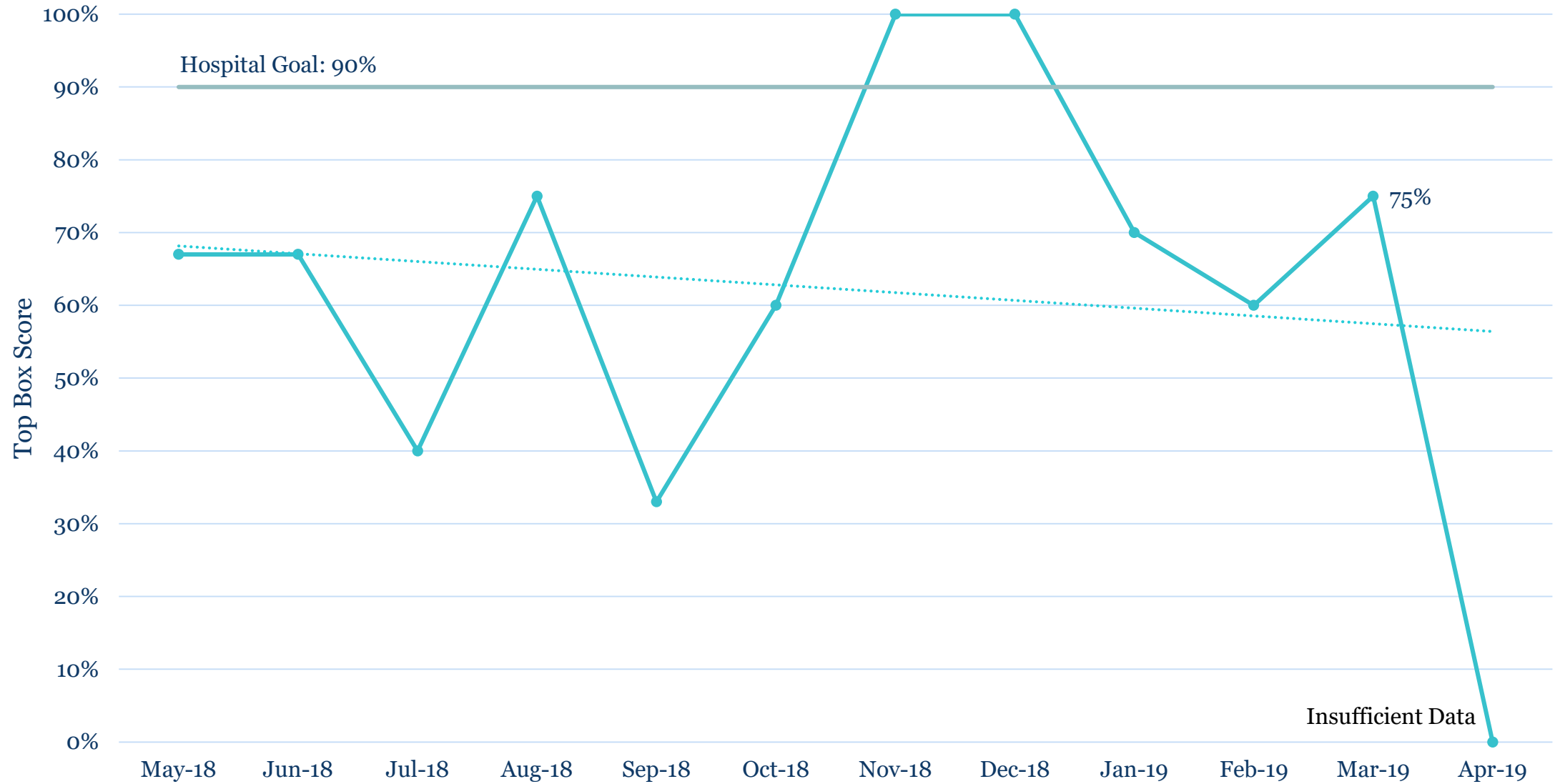


## ACHN – Overall Clinic Assessment



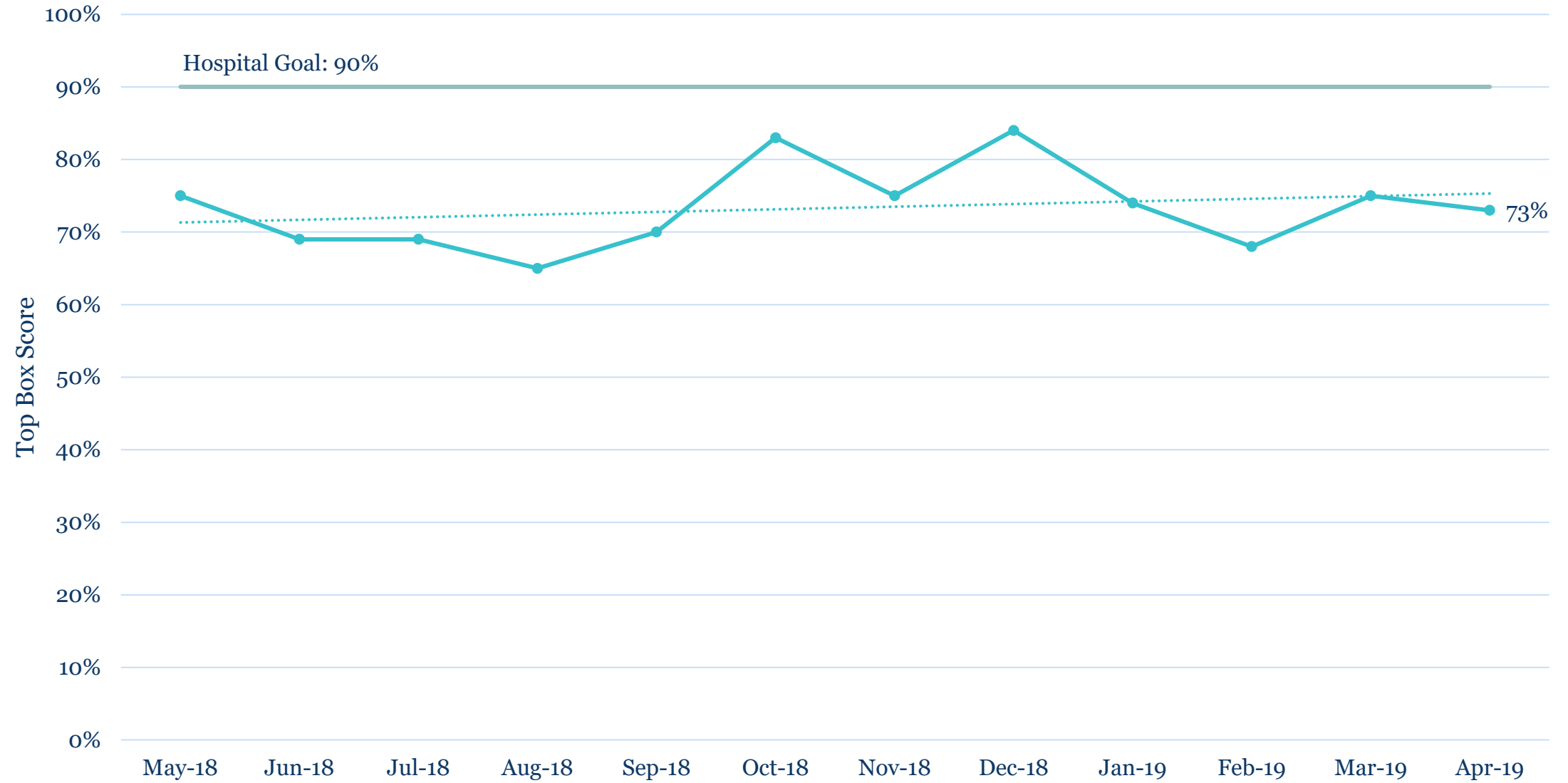
Source: Press Ganey

## Provident – Willingness to Recommend the Hospital



Source: Press Ganey

## Stroger – Willingness to Recommend the Hospital



Source: Press Ganey

ATTACHMENT #5

## COOK COUNTY HEALTH AND HOSPITALS SYSTEM

## ITEM V(A)

MAY 31, 2019 BOARD OF DIRECTORS MEETING

## CONTRACT AND PROCUREMENT ITEM

Request #	Vendor/Entity	Service or Product	Fiscal impact not to exceed:	Method of acquisition	Total # of bidders/ RFP responses / GPO companies available	Affiliate / System	Begins on Page #
<b>Amend Previously Approved Request for Approval of Payment</b> (deferred at May 24, 2019 Finance Committee Meeting)							
1	Alliance Insurance Services	For the purchase of re-insurance for CountyCare members for calendar year 2019 (coverage to be provided by Sequoia)	<del>\$3,571,200.00</del> \$1,092,000.00	Issued under a County-wide insurance brokerage contract		Managed Care	2



Toni Preckwinkle  
President, Cook County Board of Commissioners

John Jay Shannon, MD  
Chief Executive Officer, Cook County Health

May 15, 2019

To: Robert Reiter, Chair, CCH Finance Committee  
M. Hill Hammock, Chair, CCH Board of Directors

CC: John Jay Shannon, MD, CCH Chief Executive Officer

From: James Kiamos, Chief Executive Officer, Managed Care

Re: 12-Month Purchase of Reinsurance for CountyCare Health Plan (01/01/-12/31/2019)

On April 26, 2019, the Cook County Health Board of Directors approved a request for payment for reinsurance for the CountyCare Health Plan. After further review and negotiations, amendments are needed for that request as indicated below, and are being presented for the Board's consideration.

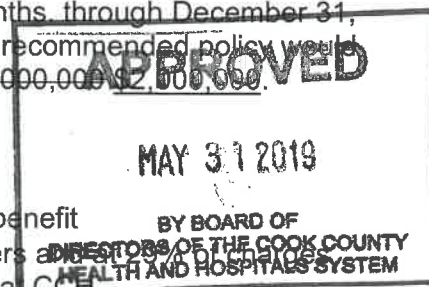
Since the inception of CountyCare, Cook County Health (CCH) has purchased reinsurance to offset the risk of its high-cost members. Initially, reinsurance was focused only on members who received transplant services. Beginning in 2015, general stop-loss reinsurance was secured with a threshold of \$750,000 per member. Claims costs incurred in excess of that amount are reimbursed to CCH. Coverage is priced on a PMPM basis by population type (e.g. FHP, SPD, ACA Adults).

The CCH policy is issued under a County-wide insurance brokerage contract with Alliance Insurance Services, managed by the County's Office of Risk Management.

CCH recommends entering a stop-loss policy coverage for twelve months, through December 31, 2019. Based on the bids submitted, and pricing and risk analysis, the recommended policy would increase the per member reinsurance deductible from \$750,000 to ~~\$1,000,000~~ \$2,000,000.

Terms will include:

- ~~\$1,000,000~~ \$2,000,000 per member deductible
- 90% reinsurance once deductible is met; \$2 million maximum benefit
- Costs are calculated at 100% of Medicaid for non-CCH providers and ~~at least 75% of charges~~ (comparable to standard Medicaid rates) for services provided at CCH
- Blood factor products, blood derivatives and anti-inhibitor coagulant complex excluded for certain members



This memo requests the Board's approval of payment not to exceed ~~\$3,571,200~~ \$1,092,000 for the purchase of re-insurance as described above for CountyCare members. The coverage will be provided by Sequoia, as placed by Alliance Insurance Services, the County's insurance broker.

**Request #**

**1**

Cook County Health and Hospitals System  
Board of Directors Meeting  
May 31, 2019

ATTACHMENT #6



# COOK COUNTY HEALTH

**JOHN JAY SHANNON, MD**  
**CHIEF EXECUTIVE OFFICER**  
**COOK COUNTY HEALTH**  
**REPORT TO THE BOARD OF DIRECTORS**  
**May 31, 2019**

## Employee Recognition

For the past 18 months, the Cook County Health dialysis unit has had zero vascular access infections. Despite very high volumes with a large number of high-risk patients, the staff was able to exceed the national benchmark. Congratulations to the CCH dialysis staff **Tavia Davis, Sinumon George, Annette Glenn, Elliot Isewede, Beena Jayamon, Kyung Sook Lee, Diane Mensah, Justin Robinson, Kimberly Rodriguez, Eva Sacharczuk, Senu Thomas** and infection control nurse **Onofre Donceras** on this accomplishment by providing the safest and best possible care to patients.

Earlier this month, CCH celebrated Nurses Week by recognizing outstanding nurses and ancillary staff at its annual Clinical Excellence Award Ceremony. Their hard work and commitment to caring for patients across the health system is a testament to the mission of CCH. Nurses are the backbone of any health care organization. Congratulations to: **Jisha Abraham, Thressia Alexander, Norma Amaya, Celia DeVeyra, Margareth Douyon-Webb, Emma Edwards, Ruby Flordeliza, Elizabeth Giron, Kandice Hightower, Marcelo Ma Nieves, Sharon Scott-Reed and Cristina Teruel.**

CCH placed first and third in the poster presentations at the inaugural National Collaborative for Education to Address the Social Determinants of Health conference this month. **Dr. Melissa Palma**, a CCH physician at the Logan Square Health Center, came in 3<sup>rd</sup> for the Applying a Model of Culturally-Adapted Motivational Interviewing to the South Asian Healthy Lifestyle Intervention study. **Christine Haley**, Director of Housing for CCH, won first place for Housing is Health: Chicago and Cook County Flexible Housing Pool.

## Activities and Announcements

- On May 29<sup>th</sup>, Dr. Shannon and Jarrod Johnson, COO for Central Campus, hosted a breakfast the **Chicago Health Executives Forum**. Dr. Shannon presented an overview of the health system to approximately 30 C-suite CHEF members who also had an opportunity to tour the new Professional Building.
- Cook County Health (CCH) has revised its **Workplace Violence** policy that addresses the management of disruptive and abusive patients, staff and visitors. In addition to setting the expectation that staff will treat one another, as well as patients and visitors, with dignity and respect, the policy emphasizes de-escalation techniques when facing a disruptive or abusive patient or visitor; requires all staff to complete annual training; and establishes reporting requirements and the engagement of social workers and requires reporting to CCH police, facility security and/or local law enforcement in the event of any threat of violence. Posted notices will be going up throughout the system indicating that verbal aggression will not be tolerated and that physical aggression will be prosecuted.



**This is a safe  
work environment.**

**Staff, Patient & Visitor Safety  
is our Priority.**

NO verbal abuse NO physical assault NO foul language NO abusive behaviors NO sexual harassment	<b>ZERO VIOLENCE ENVIRONMENT</b>
--	--

**It is a felony to assault a  
healthcare professional.**

Violence towards staff, patients or visitors  
in any form will not be tolerated and  
will be referred to law enforcement.

Actions may result in removal from the facility  
and/or criminal charges and prosecution.

 **COOK COUNTY  
HEALTH**

- On May 23, 2019, the **Intensive Care Unit at Provident Hospital** reopened as part of the longer term plan to deliver needed services and begin accepting ambulance runs later this year. Provident Hospital sees approximately 30,000 'walk-in' emergency room patients annually despite discontinuing ambulance service in 2011. At the same time, the Intensive Care Unit (ICU) was closed.

#### IMPACT 2020 Objective 1.2

- Cook County Health has launched the second phase of its marketing campaign to build the brand and reputation of the organization. The tagline, ***Making an Impact***, allows CCH to highlight patient care, social determinants of health, research and more. The campaign includes outdoor, transit and digital marketing and will run in phases over the next several months. The current phase focuses on CCH's work to address the opioid crisis.



#### IMPACT 2020 Objective 1.4

- CCH hosted its second **Research & Innovation Summit** titled **Housing is Health** on May 22, 2019. The afternoon included several presentations from CCH leaders, a health provider panel, a policy panel as well as remarks from Cook County Board President Toni Preckwinkle. The highlight was the story told by Aloyce Hill, a CCH patient who has benefitted from our programs. The white paper developed for the event is attached.

#### IMPACT Objective 6.3

- On May 2<sup>nd</sup>, Cook County Health participated in the **Chicago Healthcare System Coalition for Preparedness & Response (CHSCPR) Annual Full-Scale Exercise**. This year's scenario encompassed impacts and considerations associated with a multi-hospital evacuation triggered by an imminent threat. All CCH facilities participated in the drill. The Hospital Incident Command System was activated for the duration of the drill. The simulation identified a number of strengths in our internal capacity as well as several opportunities for additional planning and preparation including the transportation of patients from one hospital to another, the proper handling of the transfer of critically ill patients, and planning around emergency credentialing to ensure proper staffing.

#### IMPACT 2020 Objective 1.1

### Food As Medicine Update

- Through May 16, CCH's Fresh Truck partnership with the **Greater Chicago Food Depository (GCFD)** has resulted in 183 visits to 13 CCH health centers – Arlington Heights, Austin, Cicero, the CORE Center, Cottage Grove, Englewood, Logan Square, Near South, Oak Forest, Provident/Sengstacke, Prieto, Robbins, and Woodlawn.

Collectively, the Fresh Truck distributions have resulted in the provision of fresh fruits and vegetables to 23,844 individuals, representing 79,103 household members, totaling more than 495,000 pounds of fresh produce. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.

- The CCH **Fresh Market** schedule is listed below.
  - Oak Forest Health Center on Wednesdays, 9am-2pm
  - Robbins Health Center on Thursdays, 11am-3pm
  - Cottage Grove Health Center on Fridays, 9am-2pm

Fresh produce is supplied by Black Oaks Center, a nonprofit that seeks to create a just, holistic, and local food system through education, entrepreneurship, and access to healthy, affordable foods. CCH partners with Experimental Station's Link Up Illinois Link Match program to offer SNAP users with a match on all purchases at CCH Fresh Markets, up to \$20/market/week.

- Three CCH health centers will host **Summer Meals** during the months when school is not in session. Children 18 years and younger can get free, health meals at the following CCH health centers:
  - Cottage Grove Health Center  
Monday-Friday, 12pm-1:15pm  
June 10 through August 23 (closed June 7, July 4-5, August 2)
  - Englewood Health Center  
Monday-Friday, 11am-12:30pm  
June 25 through August 30 (closed July 4)
  - Robbins Health Center  
Monday-Friday, 11:30am-12pm  
June 24 through August 30 (closed July 4)

Children are not required to be a current patient of CCH to access Summer Meals.

**IMPACT 2020 Objectives 1.1, 6.2, 6.3, 7.4**

## Legislative Update

- At the May 23<sup>rd</sup> Cook County Board meeting President Preckwinkle and the Cook County Board sponsored a resolution urging the Illinois General Assembly to support HB 2495, the Reproductive Health Act.

## State

- More than 7,000 bills and resolutions have been filed this session in the House and Senate. The House and Senate have hours remaining before the end of the spring legislative session (May 31). The deadline for passing most state legislation by a simple majority, including a budget, is midnight on May 31. Bills that do not meet this deadline will require a 3/5<sup>th</sup> majority to pass.
- On April 29, the Senate held a joint committee hearing of the [Appropriations II – Subcommittee on Capital](#) and the [Transportation – Subcommittee on Capital](#). This was the sixth statewide hearing on capital that the committees convened. Cook County CFO Ammar Rizki presented on the County's non-transportation related requests, including CCH's \$50M request to support the modernization of five community health centers (Cottage Grove, Englewood, Near South, Robbins, Prieto). Iliana Mora, CCH's COO for Ambulatory Services attended the hearing and shared written testimony with Senators and their staff. The last time Illinois passed a comprehensive capital program that includes transportation and non-transportation funding was in 2009.
- On May 17, Governor Pritzker announced "Rebuild Illinois", a comprehensive statewide capital plan that includes horizontal projects (roads, bridges, etc.) as well as vertical projects (schools, health care facilities, public buildings, etc.). The plan would be paid for through a combination of bonding and new/increased taxes and fees. Included in the plan is \$440M for health care and human services projects including:
  - \$175M for affordable housing
  - \$50M for community health centers
  - \$200M for hospital and health center transformation
  - \$15M for human services grant programs
- Following passage by the Senate in April, the [House this week](#) approved [SJRC1, which](#) proposes to amend the state constitution to allow for a graduated-income tax rate, instead of the current flat tax rate. The question will now be placed on the November 2020 ballot for voter approval, which requires 60% of the "yes" votes OR a simple majority of "yes" votes among *all* ballots cast.

Changing the state income tax structure from a flat tax to a graduated system is a major priority of the Pritzker administration.

- HA1 to SB1321 passed the House unanimously 116-0-0 on May 30<sup>th</sup>. The bill will help address challenges with the state's eligibility system and resulting delays in processing Medicaid applications and redeterminations. The bill also seeks to improve the relationship between providers and Medicaid MCOs by requiring HFS to establish a claims dispute resolution process, establishing policies and timelines for MCOs to update provider rosters, and ensuring stakeholder engagement in efforts to improve MCO operations and further develop value-based payment models.

CCH reviewed and provided input towards the Medicaid omnibus bill from its perspective as a health care provider and a Medicaid managed care plan.

- SB1739 was approved in the House by a vote of 116-0-0 and awaits concurrence by the Senate. The bill includes language that no longer allows facility closures to be eligible for the CON exemption process, and instead requires a permit for discontinuation from the IHFSRB. The bill also sets forth requirements for notification to the public and elected officials about the proposed closure. This legislation was initiated by legislators as a result of concerns with the regulatory approval process related to the proposed closure of Westlake Hospital.

- Earlier this week, the House passed SB25, the Reproductive Health Act (RHA), by a vote of 64-50-4. The RHA affirms individuals' rights to make autonomous decisions about using or refusing reproductive health care and ensures that abortion is not treated differently than other forms of medical care. The bill now awaits a Senate concurrence vote. The RHA would take effect upon being signed into law.

## **Federal**

- After a two-week Easter/Passover recess, Congress returned to Washington with a packed health policy agenda for the month of May. While a deal to lift the statutory budget caps under the Budget Control Act of 2011 remained elusive, House appropriators moved ahead with their FY 2020 appropriations bills. Meanwhile the committees of jurisdiction continued bi-partisan work on measures to reign in prescription drug prices.

### **Budget and Appropriations**

- On May 21, Speaker Nancy Pelosi (D-Calif.) hosted Senate Majority Leader Mitch McConnell (R-Ky.), Senate Minority Leader Chuck Schumer (D-N.Y.) and House Minority Leader Kevin McCarthy (R-Calif.) for negotiations on the budget caps with the White House, represented by Treasury Secretary Steve Mnuchin and Acting Chief of Staff Mick Mulvaney. After huddling behind closed doors for most of the day they were unable to achieve a final deal, although they reported that they were close to an agreement, which would lift the caps on defense and domestic discretionary spending as well as potentially raise the debt ceiling.

The absence of an overarching budget deal has not stopped the House Appropriations Committee from readying eight of the twelve annual appropriations bills for FY 2020, including the Labor-HHS-Education bill, which funds the agencies in the U.S. Department of Health and Human Services.

- The bill includes a total of \$8.3 billion for the Centers for Disease Control and Prevention (CDC), which is \$921 million above the 2019 enacted level and \$1.7 billion above the President's budget request. (Note that this includes \$854 million in transfers from the Prevention and Public Health Fund, amounting to over ten percent of the agencies appropriation.)
- The bill would give the CDC and the National Institutes of Health (NIH) \$25 million each to conduct research into firearm injury and mortality prevention.
- The bill funds the Substance Abuse and Mental Health Services Administration (SAMHSA) at \$5.9 billion, which is \$115 million above the 2019 enacted level and \$179 million above the President's budget request.
- The bill includes \$7.6 billion for the Health Resources and Services Administration (HRSA), which is \$475 million above the 2019 enacted level and \$1.5 billion above the President's budget request. This includes increases for HRSA's Community Health Center program and the Ryan White HIV/AIDS programs as part of the President's initiative to reduce new HIV infections by 90 percent in ten years.

The Senate is expected to begin working on appropriations in June, but leadership is wary of starting the process without an agreement on the top-line numbers. The leaders of both parties in both chambers want to make a deal and avoid another government shutdown, just as the 2020 election season is beginning to heat up.

### **Medicaid**

- In late April and early May, Representatives Eliot Engel (D-N.Y.) and Pat Olson (R-Texas) circulated a "Dear Colleague" letter Speaker Pelosi and Minority Leader McCarthy to move legislation that would delay the scheduled \$12 billion in cuts to Medicaid DSH over the next two years. 302 members of the House signed the letter, including every member of Illinois' Cook County delegation. We will continue collaborate with efforts like this, to keep the issue front and center in Congress.

Of note for Medicaid policy, senior level turnover continues at CMS, with Chris Traylor, the director of the Centers for Medicaid and CHIP Services (CMCS) announcing his departure at the end of May. Traylor had only been in the position since January.

## Affordable Care Act and Prescription Drug Pricing

- On May 16, the House passed H.R. 986, the Strengthening Health Care and Lowering Prescription Drug Costs Act. The bill included bi-partisan measures which were reported out by the Judiciary Committee, designed to get generic drugs to market faster and inhibit anticompetitive practices on the part of the drug companies. It also included provisions by Democrats designed to shore up the Affordable Care Act, including:
  - H.R. 1385, which would provide funding for states to establish their own individual and small group marketplaces instead of using the Federal Marketplace.
  - H.R. 1386, which would provide \$100 million for Federal health navigators that provide assistance to consumers in purchasing health insurance plans on the Federal Marketplace.
  - H.R. 1010, which would prohibit the sale of short-term limited duration health insurance plans, which are often limited in scope since they are not required to meet the minimum coverage requirements prescribed in the ACA.
  - H.R. 987, which would require HHS to conduct outreach and educational activities to promote health insurance on the Federal Marketplace.

The House adopted several amendments during floor consideration, including two that would prohibit HHS from:

- Prohibiting “silver loading,” a mechanism for insurers to load their full premium increases to certain mid-level (i.e., silver) plans to draw down larger Federal premium subsidies to offset the Administration’s elimination of other cost-sharing subsidies.
- Ending auto enrollment when a marketplace consumer takes no action during open enrollment.

All House Democrats present voted for the bill along with five Republicans. The rest of the Republican members voted no, arguing that the ACA provisions were poison pills that prevented them from supporting legislation which included bi-partisan generic drug provisions they helped to craft. The measure will not be taken up by the Senate because of the ACA provisions. The upper chamber is continuing to work toward bi-partisan drug pricing legislation of its own.

House leaders have indicated that in the late summer or fall a larger drug pricing bill, including authorizing Medicare to negotiate prices directly with the drug manufacturers, could move forward. This could be the vehicle for advancing a number of “must pass” health care provisions, including a delay of the scheduled Medicaid DSH cuts.

- Earlier this month the Administration announced an expanded “conscience rule” to protect health care workers who oppose abortion, sterilization, assisted suicide and other medical procedures on religious or moral grounds. Health care institutions that fail to adhere to the new rule risk the loss of federal funds. Last week, Cook County joined the state of Illinois, the city of Chicago and other states and jurisdictions across the country in a federal lawsuit challenging the expanded right of conscience rule.

## Budget and Appropriations

- ~~On May 21, Speaker Nancy Pelosi (D-Calif.) hosted Senate Majority Leader Mitch McConnell (R-Ky.), Senate Minority Leader Chuck Schumer (D-N.Y.) and House Minority Leader Kevin McCarthy (R-Calif.) for negotiations on the budget caps with the White House, represented by Treasury Secretary Steve Mnuchin and Acting Chief of Staff Mick Mulvaney. After huddling behind closed doors for most of the day they were unable to achieve a final deal, although they reported that they were close to an agreement, which would lift the caps on defense and domestic discretionary spending as well as potentially raise the debt ceiling.~~

~~The absence of an overarching budget deal has not stopped the House Appropriations Committee from readying eight of the twelve annual appropriations bills for FY 2020, including the Labor-HHS Education bill, which funds the agencies in the U.S. Department of Health and Human Services.~~

- The bill includes a total of \$8.3 billion for the Centers for Disease Control and Prevention (CDC), which is \$921 million above the 2019 enacted level and \$1.7 billion above the President's budget request. (Note that this includes \$854 million in transfers from the Prevention and Public Health Fund, amounting to over ten percent of the agencies appropriation.)
- The bill would give the CDC and the National Institutes of Health (NIH) \$25 million each to conduct research into firearm injury and mortality prevention.
- The bill funds the Substance Abuse and Mental Health Services Administration (SAMHSA) at \$5.9 billion, which is \$115 million above the 2019 enacted level and \$179 million above the President's budget request.
- The bill includes \$7.6 billion for the Health Resources and Services Administration (HRSA), which is \$475 million above the 2019 enacted level and \$1.5 billion above the President's budget request. This includes increases for HRSA's Community Health Center program and the Ryan White HIV/AIDS programs as part of the President's initiative to reduce new HIV infections by 90 percent in ten years.

The Senate is expected to begin working on appropriations in June, but leadership is wary of starting the process without an agreement on the top-line numbers. The leaders of both parties in both chambers want to make a deal and avoid another government shutdown, just as the 2020 election season is beginning to heat up.

### Medicaid

- In late April and early May, Representatives Eliot Engel (D-N.Y.) and Pat Olson (R-Texas) circulated a "Dear Colleague" letter Speaker Pelosi and Minority Leader McCarthy to move legislation that would delay the scheduled \$12 billion in cuts to Medicaid DSH over the next two years. 302 members of the House signed the letter, including every member of Illinois' Cook County delegation. We will continue collaborate with efforts like this, to keep the issue front and center in Congress.

Of note for Medicaid policy, senior level turnover continues at CMS, with Chris Traylor, the director of the Centers for Medicaid and CHIP Services (CMCS) announcing his departure at the end of May. Traylor had only been in the position since January.

### Affordable Care Act and Prescription Drug Pricing

- On May 16, the House passed H.R. 986, the Strengthening Health Care and Lowering Prescription Drug Costs Act. The bill included bi-partisan measures which were reported out by the Judiciary Committee, designed to get generic drugs to market faster and inhibit anticompetitive practices on the part of the drug companies. It also included provisions by Democrats designed to shore up the Affordable Care Act, including:
  - H.R. 1385, which would provide funding for states to establish their own individual and small group marketplaces instead of using the Federal Marketplace.
  - H.R. 1386, which would provide \$100 million for Federal health navigators that provide assistance to consumers in purchasing health insurance plans on the Federal Marketplace.
  - H.R. 1010, which would prohibit the sale of short-term limited duration health insurance plans, which are often limited in scope since they are not required to meet the minimum coverage requirements prescribed in the ACA.
  - H.R. 987, which would require HHS to conduct outreach and educational activities to promote health insurance on the Federal Marketplace.

The House adopted several amendments during floor consideration, including two that would prohibit HHS from:

- Prohibiting "silver loading," a mechanism for insurers to load their full premium increases to certain mid-level (i.e., silver) plans to draw down larger Federal premium subsidies to offset the Administration's elimination of other cost-sharing subsidies.
- Ending auto-enrollment when a marketplace consumer takes no action during open enrollment.

All House Democrats present voted for the bill along with five Republicans. The rest of the Republican members voted no, arguing that the ACA provisions were poison pills that prevented them from supporting legislation which

~~included bi-partisan generic drug provisions they helped to craft. The measure will not be taken up by the Senate because of the ACA provisions. The upper chamber is continuing to work toward bi-partisan drug pricing legislation of its own.~~

~~House leaders have indicated that in the late summer or fall a larger drug pricing bill, including authorizing Medicare to negotiate prices directly with the drug manufacturers, could move forward. This could be the vehicle for advancing a number of “must-pass” health care provisions, including a delay of the scheduled Medicaid DSH cuts.~~

**Protection of Medicaid remains a key priority for CCHHS at both the State and Federal level.**

## **Community Outreach**

- June 1 Cook County Health and CountyCare promotion at **Sisters Working it Out's 5th Annual Day of Beauty** which will take place at the Oakwood Shores Community Center located at 3825 S. Vincennes Avenue in Chicago. The event called "Celebrating Beauty from the Inside Out" will be a special health focused event for cancer survivors.
- June 1 Cook County Health and CountyCare promotion at the **Clerk of the Circuit Court of Cook County's Second Chance Adult & Juvenile Expungement Summit**, which will take place at Westinghouse College Prep located at 3223 W. Franklin Boulevard in Chicago. The Expungement Summit offers legal and social resources to ex-offenders, which include health, education, housing, and community services. It is important for ex-offenders to be healthy so that they can re-enter society properly. The **Provident HIV Testing Team** will do testing at this event.
- June 1 Cook County Health and CountyCare promotion at the **Epilepsy Foundation of Greater Chicago's 2019 Conferencia De Epilepsia** which will take place at Lurie's Children's Hospital located at 225 East Chicago Avenue in Chicago. This third conference on epilepsy matters targets educational opportunities for the Latino community.
- June 2 Cook County Health and CountyCare promotion at the **Buffalo Grove Pride Celebration, a Unique Community Event** which is hosted by the **Buffalo Grove Park District** and will take place at the Mike Rylko Community Park located at 1000 Buffalo Grove Road in Buffalo Grove. **Commissioner Kevin Morrison** was instrumental in obtaining our participation in this event, which highlights equality, and pride in the north suburbs. Our outreach materials will highlight the new Arlington Heights Health Center at this event.
- June 6 Cook County Health and CountyCare promotion at the **Metropolitan Family Services' Community Resource Fair** which will take place at their Northwest Facility located at 3249 North Central Avenue in Chicago.
- June 7 Cook County Health and CountyCare promotion at the **Illinois Department of Employment Security's Women Veteran's Employer and Resource Fair** which takes place at their Harvey Office located at 16845 S. Halsted in Harvey. IDES is sponsoring the Women Veteran's Employer and Resource Fair so female Veterans have access to employment opportunities and resources to help them be healthy in their community.
- June 8 CountyCare promotion at the **Friend Family Health Center's Men's Health Event** which will take place at their health center located at 1522 E. 63rd Street in Chicago.
- June 12 Cook County Health and CountyCare promotion at the **4th Annual Evanston Vineyard Care Center Resource Fair** which will take place at their center located at 2945 Howard Street in Evanston.

- June 14 Cook County Health and CountyCare promotion at the **Illinois Department of Children & Family Services' 3rd Annual Professional Development Day 2019** which will take place at the University of Illinois University located at 750 S. Halsted in Chicago. The Latino Advisory Council in conjunction with DCFS is hosting this event with the theme Home Matters: Creating a Culture where everyone thrives. This event will provide with information and resources from various organizations and we will highlight the pediatric services that the System offers.
- June 15 Cook County Health and CountyCare promotion at the **¡Vive tu vida! Get up! Get moving! Festival**, which is sponsored by **National Alliance for Hispanic Health and the Chicago Hispanic Health Coalition** at the McKinley Park Field House, located at 2210 W. Pershing Road in Chicago. ¡Vive tu vida! Get up! Get moving! is designed to promote individual and family physical activity for better health. The event will include organized physical activities for adults and children, screenings, and take-home information. Chronic diseases such as diabetes, heart disease, asthma, HIV/AIDS, and childhood and adult obesity are affecting many in our community.
- June 15 Cook County Health and CountyCare promotion at the **Palos Township Health & Resource Fair**, which will take place at the Palos Township Offices located at 10802 S. Roberts Road in Palos Park.
- June 15 Cook County Health and CountyCare promotion at **State Representative Michael McAuliffe's Kid's Health and Safety Expo** which will take place at Maine Park. Located at 2701 W. Sibley Street in Park Ridge.
- June 19 Cook County Health and CountyCare promotion at the **Summit of Hope** hosted by the **Illinois Department of Corrections** at the Proviso East High School located at 807 S. 1st Avenue in Maywood. The Summit of Hope a community expo, bringing together local service providers to create a "one-stop" environment for parolees and probationers to obtain necessary assistance to move past barriers. Many of the over 5000 attendees are in need of health insurance. The **Provident HIV Testing Team** will do testing at this event.
- June 19 Cook County Health and CountyCare promotion at the **Summit Park District Health Fair** which will take place at their park located at Summit Park District 5700 S. Archer Road in Summit.
- June 20 Cook County Health and CountyCare promotion at the **Metropolitan Family Services' Community Resource Fair** which will take place at their Back of the Yards office located at 5338 S. Loomis in Chicago.
- June 21 Cook County Health and CountyCare promotion at the **Proviso Leyden Council for Community Action, Inc.'s Career and Resource Fair** which takes place at the Proviso Missionary Baptist Church located at 1116 S. 5th Avenue in Maywood.
- June 28 Cook County Health and CountyCare promotion at **Corazón Community Services' 11<sup>th</sup> Annual Family Health Fair** which takes place at the Cicero Community Center located at 2250 S. 49th Avenue in Cicero. Corazón Community Services offers life-improving programs to the Cicero community, promoting youth safety, health education, and leadership skills. Representatives from the Cicero Health Center will join the outreach staff to promote pediatric and other services in their health center.
- June 29 Cook County Health and CountyCare promotion at **Latino Organization of the Southwest's Community Resource Fair** which will take place outside their offices at 63rd Street and Karlov Avenue in Chicago. The Vision of the Community Resource Fair is to provide services in partnership with state agencies, local community organizations, and educational entities, and businesses.

**Access Community Health Network** is hosting a series of health fairs where they invited all MCOS to participate. CountyCare will have an informational table at these health fairs throughout the summer. Special promotion of the CountyCare Rewards program will happen at these events.

June 1 - **Access Hawthorne Family Center** - 3040 S. Cicero Avenue, Cicero, IL 60804  
June 8 - **Access Northwest Family Health Center** - 1120 N. Arlington Heights Road, Arlington Heights, IL  
June 15 – **Access Blue Island Family Health Center** - 13000 Maple Avenue, Blue Island, IL 60406  
June 22 - **Access Servicios Medicos La Villita** - 3303 W. 26th Street, Chicago, IL 60623  
June 29 – **Access Grand Boulevard Health & Specialty Center** - 5401 S. Wentworth Avenue, Chicago, IL

**Near North Health Services** is hosting a series of health fairs as part of their Men's Health Week where they invited all MCOS to participate. CountyCare will have an informational table at these health fairs throughout the summer. Special promotion of the CountyCare Rewards program will happen at these events.

June 10 - **Komed Holman Health Center** - 4259 S. Berkeley, Chicago, IL 60653  
June 11 – **Sunnyside Health Center** - 4501 N. Sheridan Avenue, Chicago, IL 60640  
June 12 - **Cottage View Health Center** - 4829 S. Cottage Grove, Chicago, IL 60615  
June 13 - **Woodfield Moody Health Center** - 1276 N Clybourn Avenue, Chicago, IL 60610  
June 13 - **Near North Kostner Health Center** - 1520 N. Kostner Avenue, Chicago, IL 60651

In partnership with area community churches, **Sinai Health Ministries** is hosting a series of community health fairs where they invite community organization, healthcare organization and health plans to participate and provide information to attendees. Cook County Health and CountyCare will have an informational table at these health fairs.

June 1 – **Greater Harvest Church** - 5141 S. State Street, Chicago, IL 60609  
June 29 – **Village of Bellwood Pink Divas and Gents 2nd Annual Cancer Walk/Run** - Village of Bellwood Municipal Building, 3200 Washington Boulevard, Bellwood, IL 60104

Cook County Health and Hospitals System  
Board of Directors Meeting  
May 31, 2019

ATTACHMENT #7

# Strategic Planning FY 2020-2022



**John Jay Shannon, MD**  
**Chief Executive Officer**

**May 31, 2019**



# Introduction

- Many strategies are accounted for in budget/operations but will see heightened focus
- Many strategies will have a calculable Return On Investment while others will not
- Strategies and estimated costs are presented for discussion and prioritization

# Priorities to Improve a Patient-Centered Organization

## Quality & Patient Safety

Mortality, readmission, clinical documentation, process of care strategies  
High reliability training

## Patient Experience

Patient-Family Advisory Councils  
Environmental Services  
Customer Service  
Nursing/Physician Communication  
Improve technologies available to patients

## Cultural Competence

Bi-lingual staff and interpreter services  
Staff education and sensitivity training

# Priorities to Improve a Patient-Centered Organization

**Health Equity and Social Determinants of Health**

**Service Line Expansion**

**Service Enhancements such as Lifestyle Centers, educational classes, support groups**

**Integrated Care Coordination**

# Priorities to Preserve & Advance the Mission

## Growth in Service

- Maximize current staffing levels
- Increase CountyCare domestic utilization
- Access to CCH by non-CCH providers
- Expansion of Oral Health
- Provident campus redevelopment

## Managed Care

- Maintain/Grow Medicaid Market Share
- Managed care competency as a provider

## Continuum of Care including Medicare

## Organizational Effectiveness

- Reduce time to contract
- MBE/WBE strategy
- Reduce vacancies
- Performance Management
- Compensation structure
- Succession planning

## Excellence in Nursing

- Nursing leadership
- Evidence-based Nursing Model
- Shared Governance
- Magnet Strategy

## Excellence in Clinical Practice

- Medical Staff Strategic Growth
- Medical staff leadership
- Advanced Practice models

## Population Health Strategies

## Facilities and Equipment Investments

## Advanced Analytics

## Develop and advocate for policy changes that advance CCH priorities

## Extramural funding

# External Considerations

**Hospital environment**

**Managed care/risk/value-based purchasing environment**

**Consumerism**

**Population trends**

**Federal Policy Changes**

Affordable Care Act

Disproportionate Share

340B

Immigration policy

Supreme Court rulings

**State Policy Changes**

Continued evolution of Managed Care

Legalized marijuana





# FY2020-2022

## Strategic Plan Proposals: Financial Impact



# Strategic Plan Financial Impact: Expenses

Expense	2020	2021	2022	Total (20-22)
<b>Quality Investment</b>				
<b>Patient Safety</b>	\$5,000,000	\$5,000,000	\$5,000,000	\$15,000,000
<b>Patient Experience</b>	\$2,000,000	\$2,000,000	\$2,000,000	\$6,000,000
<b>Staff Training/ Organizational Development</b>	\$3,000,000	\$3,000,000	\$3,000,000	\$9,000,000
<b>Cultural Competency</b>	\$2,000,000	\$2,000,000	\$2,000,000	\$6,000,000

# Strategic Plan Financial Impact: Expenses

Expense	2020	2021	2022	Total (20-22)
<b>Population Health</b>	\$1,500,000	\$3,800,000	\$4,800,000	\$10,100,000
<b>Telemedicine</b>	\$500,000	\$500,000	\$500,000	\$1,500,000
<b>Managed Care Effectiveness</b>	\$1,000,000	\$1,000,000	\$1,000,000	\$3,000,000
<b>Marketing &amp; Community Affairs</b>	\$2,000,000	\$2,000,000	\$2,000,000	\$6,000,000

# Strategic Plan Financial Impact: Expenses

Expense	2020	2021	2022	Total (20-22)
<b>Additional Health Center Expansions</b>	\$0	\$2,400,000	\$4,800,000	\$7,200,000
<b>Capital Equipment Increase Expenditure</b>	\$5,000,000	\$10,000,000	\$15,000,000	\$30,000,000
<b>Master Facilities Plan</b>	\$600,000	\$0	\$0	\$600,000
<b>Other</b>	\$5,000,000	\$5,000,000	\$5,000,000	\$15,000,000

# Strategic Plan Financial Impact: Total

	2020	2021	2022	Total (20-22)
<b>Total Cost / Expenses</b>	\$27,600,000	\$36,700,000	\$45,100,000	\$109,400,000





# FY2020-2022

## Next Steps



COOK COUNTY  
**HEALTH**

# Next Steps

- Draft strategic plan document for board discussion
- Prepare the FY2020 budget
- Approve final strategic plan
- Three year strategic plan financial forecast



# Thank you.

## Questions?



COOK COUNTY  
**HEALTH**